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ABSTRACT

The report presents recommendations of a task force on the integration of hearing-impaired students, focusing on procedures for early identification, standards for educational programs, staff development and training, and program quality indicators. After brief sections giving definitions and the rationale for integration, preferred practices are described in sections on: student identification; choice of communication method; pre-referral and evaluation team process; early intervention and preschool services; the individualized education program; building modifications that facilitate integration; programming for hearing-impaired students; planning for transition; personnel working with hearing-impaired students; in-service training; parent education and training; student orientation; and program evaluation. The report contains 29 references. Appendixes include a glossary of 63 terms, the 1989 "Directory of National Organizations Centers of and for Hearing-Impaired People," "Tips for Teachers Working With Hearing-Impaired Students," guidelines for checking out a preschool, a parent checklist for placement of a hearing-impaired child in the classroom, and a list of the task force's 25 recommendations. (RM)

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REPORT OF THE

NATIONAL TASK FORCE ON THE INTEGRATION OF HEARING-IMPAIRED STUDENTS

EC 232407

REPORT

OF THE

NATIONAL TASK FORCE

ON THE INTEGRATION OF HEARING-IMPAIRED STUDENTS

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INTRODUCTION

In response to concerns from parents of hearing-impaired children regarding the quality, availability and accessibility of integrated programs within the public school system, the Parent Information Center convened a National Task Force on the Integration of Hearing-Impaired Students. Members were drawn from across the country, representing parents, hearing-impaired individuals, and professionals working with hearing-impaired students. Parents whose children represented various age levels (ranging from pre-school to adult), degrees of hearing loss, communication methods, minority groups, and geographical regions were included. All parents on the task force have children who have been successfully educated in the public school system, in classrooms which included hearing peers.

The task force met and formed four work groups to look at:

- procedures for early identification of hearing-impaired children (Art Mines, facilitator);
- standards for educational programs serving hearing-impaired students within the public school (Dan Simmons, facilitator);
- staff development and training for personnel working with hearing-impaired children/youth in the public school system (Kent Butterfield, facilitator);
- quality indicators of programs serving hearing-impaired students (Peter Blackwell, facilitator).

The task force developed recommendations and guidelines regarding the supports necessary to enable hearing-impaired students to be successful in the public school system. The task force does not represent **ALL** hearing-impaired children/youth or their families; it represents only one segment of the hearing-impaired population — those receiving their education in integrated, public school programs. Members of the task force believe strongly in the individuality of each situation, and support personal choice. However, for those students and their families who have chosen education in the public school system, we believe these recommendations will be valuable in helping them, and school personnel, to develop quality programs and services.

These recommendations are provided as a springboard for discussion. We welcome suggestions for future revisions.

DEFINITIONS

HEARING IMPAIRED

In order to facilitate the text, the generic term "hearing impaired" is used throughout this report to describe a person who has a hearing loss of any degree. We recognize that there are vast differences between the hard-of-hearing child and the deaf child, with many degrees in between. It is not our purpose to offer a treatise on the subject of the deaf and hard of hearing. A deaf or hard-of-hearing child will only be well served if, following appropriate assessments, a decision is made by professionals who know the child and his/her capabilities regarding which category he/she should be classified in.

There are many definitions of deaf and hard of hearing. Those offered below are for discussion purposes only, and do not represent any clinical or educational basis, or degree of loss (often denoted as mild, moderate, severe or profound). Since this report was developed to address the school age population (within the parameters of birth - 22), we have used definitions which rely on educational indicators.

DEAF

The term "deaf" in this text implies a hearing impairment which is so severe that the individual is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance and the development of speech and language. This individual may have, and use, residual hearing; however, sound is a secondary and supplemental channel to vision. These students must rely heavily on their vision for all information. The deaf student may communicate orally, or may use a signed language as his/her preferred mode of communication.

DEAF-BLIND

The term "deaf-blind" implies concomitant hearing and visual impairments, the combination of which causes severe communication and other developmental and educational problems that cannot be accommodated in programs developed solely for deaf or blind students. This population is not included in our definition of hearing-impaired.

HARD OF HEARING

The term hard of hearing in this text implies a hearing impairment, whether permanent or fluctuating, which adversely affects a student's educational performance. This individual has residual hearing, can benefit from amplification and the use of assistive technology, and can utilize the auditory channel for processing information (supplemented by visual cues). The hard-of-hearing student is usually able to communicate orally.

The recognition of an individual's unique needs and strengths transcends any attempt to categorize or define him/her as deaf or hard of hearing. Depending upon the individual's use of his/her residual hearing, dominant channel, learning style and mode, use of amplification, etc., the student may be deaf, but function as a hard of hearing individual. Conversely, the student may be diagnosed as hard of hearing, but may be functionally deaf.

It is of critical importance to determine the child's degree of hearing loss, appropriate therapeutic or technological interventions, communication mode, etc. **as soon as possible**, so that early intervention and remediation can begin. Any degree of hearing loss will have an enormous impact on the student's ability to learn and acquire language.

Educationally, hard of hearing and deaf students may require different intervention strategies and programming. In order to maximize learning, language acquisition and socialization, school personnel need to recognize the differences in these two populations, and plan appropriately, utilizing professionals who are knowledgeable in these areas.

INTERPRETERS

The term "interpreter" is a generic term used in this text to include any type of interpreter, including ASL, manual English, Signed Exact English, pidgin sign English, oral, Rochester method, Gestuno, cued, and tactile.

See the glossary for additional terms used in the text.

RATIONALE FOR INTEGRATION

*Almost as soon as the principle of least restrictive environment entered the field of special education, it was surrounded by misconceptions. Some feared that it would mean that children with severe disabilities, such as deafness, would, by law, be thrust into public school classes with little or no special education services. Others questioned whether more research was necessary before the principle was implemented. Still others worried that least restrictive environment meant trading off quality for integration. This concern was reflected in comments that are still heard today.

In its earliest form, the principle of least restrictive environment was associated with the continuum concept or cascade model. Indeed, the regulations for P.L. 94-142 require a "continuum of educational placements" and make specific reference to hospitals, institutions and special schools. In its day, the continuum concept was accepted as "best practice". If it were not for the continuum concept, much of the progress made over the past few decades might not have occurred. Yet practical experience with this model has pointed out several problems:

- Too many students were getting stuck at the wrong end of the continuum.
- There was little movement through the continuum. Once a student was placed in a special school/class, they were likely to stay there indefinitely.
- The "most restrictive" placement did not prepare students for the "least restrictive" placements. Parents of children in these placements were often told that their children weren't ready to live in the community or attend regular neighborhood schools. Many students spent their entire lives "getting ready" only to leave the segregated school without the skills they really needed to make it in general society.
- The assumption that some students are too disabled to ever live in society.

The debate concerning segregated (i.e. special schools, self-contained classes, residential programs) versus integrated (public school, regular classrooms) programs continues. This is particularly true in the field of education of the deaf and hard of hearing. No educational program can guarantee its students success in life. The key to successful integration -- in life and in educational programming -- is

*From Purposeful Integration...Interently Equal to create a support system which meets the needs of the individual and allows him/her opportunities for success.

Throughout this report, we have chosen to use the word integration to describe the inclusion of students with hearing impairment in the regular classroom. Integration is a more comprehensive term than "mainstreaming". Integration is a broad term which refers to the opportunities for the student with a hearing impairment to have access to, inclusion and participation in all activities of the total school environment. Effective integration means providing maximal opportunities for learning, sharing, and interaction between hearing-impaired students and their hearing peers. Integration is not simply placing a child who has a hearing impairment in the neighborhood school.

There are several components which must be included in any definition of an integrated placement:

Physical integration - students attend regular public schools in their own communities. They should be included in age-appropriate classrooms throughout the school, not isolated in a separate classroom or wing.

Social integration - normal social interactions between hearing and hearing-impaired students are encouraged and facilitated. Opportunities for social integration occur in classrooms, cafeteria, hallways, study halls, in the media center, library, computer center, on the playground, at school assemblies, dances, club meetings, sports events, on field trips, while performing school jobs, working in the library or cafeteria, or assisting a sports team.

Academic integration - students have an opportunity to receive their academic instruction in the regular classroom with appropriate support services for the student and the teacher.

Many parents and educators have been fearful of integration, especially for hearing-impaired students, because of the failures of the past (poor planning, inadequate support services, social isolation, etc.) and misconceptions about what integration does, and does not, mean.

Integration DOES mean:

- Providing the most appropriate education for each child in the least restrictive setting;
- educating children with disabilities in regular school settings regardless of the degree or severity of their handicapping condition(s);
- looking at the educational needs of children instead of clinical/diagnostic labels;
- providing special services within the regular schools;

- supporting regular educators and administrators;
- looking for and creating alternatives that will help regular educators to serve children with disabilities;
- having students with disabilities follow the same schedules as non-disabled students;
- involving students with disabilities in as many academic classes and extracurricular activities as possible;
- arranging for students with disabilities to use the school facilities along with non-disabled students;
- encouraging and supporting friendships and social relationships between non-disabled and disabled students;
- arranging for students with disabilities to receive their education and job training in regular community environments;
- teaching all children to understand and accept human differences;
- placing children with disabilities in the same schools they would attend if they did not have disabilities;
- taking parents' and students' concerns seriously;
- merging the skills of regular education and special education so that all children may have an equal educational opportunity;
- providing an appropriate individualized education program.

Integration DOES NOT mean:

- Dumping students with disabilities into regular programs without preparation or supports;
- locating special education classes in separate wings at a regular school;
- grouping students with a wide range of disabilities and needs in the same program;
- ignoring children's individual needs;
- exposing children to unnecessary hazards or risks;
- placing unreasonable demands on teachers, students, parents and administrators;
- ignoring parents' and/or students' concerns;
- isolating students with disabilities in regular schools;
- placing older students with disabilities at schools for younger children or other age-inappropriate settings;
- maintaining separate schedules and activities for students in special education and regular education.

Why integrate students with disabilities into regular schools and programs at all? There are a host of reasons to support integration, not the least being:

1) It's the law.
2) It's right.

When asked why students with hearing impairments should attend regular schools, one parent replied, "It's a hearing world." What she was saying is that students with hearing impairments and other disabilities need to learn how to get along in a society of non-disabled persons. The real purpose of education is to prepare students to live in society.

Another equally important benefit of integration is changing public attitudes. As long as we continue to separate people for whatever reason (race, religion, age, gender, disability, language, etc.) we can never learn how alike we all are. The most effective way to help people overcome their prejudices about individuals with disabilities is by bringing people together -- people with and without disabilities. The earlier this occurs, the less opportunity people have to form prejudices and misconceptions which must be later overcome. What better place to start than in the classroom? As Rist's (1978) study of racial integration has so eloquently shown, any significant change in the enrollment patterns of schools or school districts can have dramatic effects on the general school environment, on the curriculum and on school staffing. Such a change has been occurring in the educational placement of hearing-impaired students over the past ten years.

One of the issues often raised by parents and educators alike during any discussion of integration for hearing-impaired students is social isolation. This is, however, a problem which occurs in both segregated and integrated programs, but in different ways.

Students in segregated programs make friends and have a rich social life within the context of their school environment. They share friendships with individuals who use the same language, have the same problems and frustrations, use the same type of equipment, etc. However, outside of this environment, they are isolated. They may be isolated from their family and peers when they return home on holidays, vacations, etc. There is no continuity between school and home. When they return to their communities after graduation, they may be virtually unknown, have few friends to socialize with, may not be able to communicate effectively with anyone in the community, and may long for the opportunity to return to their segregated environment.

Children who attend the local public school are sometimes isolated because of communication barriers. They are left out of conversations, learning experiences, etc. because their peers and teachers cannot communicate effectively with them. Yet in programs where students (hearing and hearing impaired), teachers and support staff have the opportunity to learn about hearing impairments and use sign language/cued speech, social interaction and inclusion increase during and after school.

Wherever the student receives his/her education, he/she will ultimately have to leave school and become a member of the community. We must begin early to prepare the community for individuals with differences. We need to vastly increase the number of children and adults within each community who understand and can use sign language. TDDs and other technological devices must be made available throughout the community. We must begin to change the community from the inside out. One mother of a hearing-impaired child stated that she felt it was too much to ask of the community. But we will never have the supports necessary to enable hearing-impaired individuals to live comfortably in the community (and where else are they going to live?) unless we ask our classmates, friends, relatives, neighbors and co-workers to begin the process of change, and until we require our public institutions to fully implement their own regulations regarding accessible services. Preparation for community living as an adult must be accomplished in the community. The ultimate goals of integration are to enable all students, regardless of their disabilities, to be educated as fully as possible in the least restrictive environment (Masat and Schack, 1981, Weintraub, 1979); to maximize skills and opportunities for social interaction; and to prepare them to interact as fully as possible within current and future environments.

It is sometimes said that it requires too much time, money, staff, etc. to create the type of program needed for hearing-impaired children to succeed in the regular classroom, but these programs exist now. Gilhool (1988) and his colleagues have proposed the "developmental twin" argument. They pose a simple question: "If a child with a particular type of disability can be successfully integrated, with special services in a regular class or school, then why can't all children with that same type and level of disability also be integrated?" For each student in a segregated school program, one can find a student with similar disabilities thriving in a regular school. These children are, in other words, "developmental twins". Gilhool explains: "If a child can come to a school at all...he can come to a regular school. Any teaching technique that can be used in a self-contained class can be used in a ...class located in a regular school building."

The question of placement often translates into, "Would you rather have your child in a good segregated program or a bad integrated one?" There are not only two options, however. No parent should accept an inferior educational program, integrated or not. Parents and educators need to work together to ensure that good programs are available for hearing-impaired students no matter where they live. What constitutes a good program? A good program is one which:

- Blends into the regular school;
- provides the specialized services each student needs;
- promotes positive attitudes and relationships;
- supports teachers;
- involves parents and students;

- creates opportunities for students with disabilities to interact with their non-disabled peers.

The ultimate success or failure of any program lies in the willingness of individuals to carry it out. Appropriate programs and services can enable hearing-impaired individuals to succeed and thrive in the regular education environment.

The argument for the provision of special education services in the least restrictive environment is no longer purely philosophical. Integrated services are supported in the literature as best practice based on social, ethical, legal, legislative, psychological and educational grounds (CEC, 1979; Fox, et al, 1986; Guralnik, 1976, 1981; Kricker, 1978; McDonnell and Hardman, 1988; TASH, 1979; Wilcox and Bellamy, 1982).

Data from the Annual Survey of Hearing Impaired Children and Youth (1988) indicate a gradual shift in the educational placements of hearing-impaired students over the past ten years. Fewer of these students are being enrolled in special schools and more are being placed in local schools. The ability of local school districts to cope with these changes, and what they mean in terms of enrollment, teacher preparation and training, etc. will profoundly affect the lives of hearing-impaired students enrolled in these programs, including their preparation for post-secondary education.

The following pages outline some of the considerations involved in creating programs for hearing-impaired students in the regular educational environment. Cooperation, careful planning, training of all personnel, and monitoring will be required to make any program successful.

STUDENT IDENTIFICATION

The identification of hearing-impaired children is critical to the special education process, since children who do not hear well fall behind educationally, and easily become socially and emotionally isolated. Education does not occur when a child cannot hear what is being said, and when communication accommodations are not made. In addition, children may lack access to communication, English or other language input and, as a result, may appear delayed in other areas of development. Therefore, early identification and appropriate intervention are critical to enable children to achieve their maximum potential within the context of the family and community, as well as educationally.

CHILD FIND

Effective child find programs initiated by school districts involve cooperation between hospitals, agencies and schools in order to communicate with the parents and professionals who need to be reached. Particular emphasis should be placed on home/school communication, since parents are often the first to notice a hearing loss. Information should be offered in various forms and in languages other than English. To achieve maximum outreach, child find programs should include direct mail, posters, media coverage, brochures (written at various reading levels), workshops, and personal contacts. Some outreach strategies for school districts might include:

- letters to parents and physicians
- notices included as an insert with utility bills
- picture display announcements and posters in high traffic areas in the community (i.e., laundromat, supermarket, seven eleven store, hospitals/clinics, etc.)
- notices in church bulletins
- posters at social clubs, libraries, and community centers
- meetings, school open house, Parent Teacher's Association meetings
- public service announcements on radio and television
- notices in newspapers and newsletters
- calendar or *chart with developmental information (i.e., from 3 to 6 months children usually begin to...)
- assistance from advocacy/parent/disability groups
- posters and print information in public buildings where parents regularly go (i.e., Division of Welfare, Division of Public Health, Department of Safety, etc.)
- assistance from public service agencies serving in communities with large minority populations
- brochures in pediatrician's offices, hospitals, etc.

*One example is the "Birth to Six Prescreen Wheel for Vision, Hearing and Development" available from the DSHS/Birth to Six Project, M.S. OB-33J, Olympia, WA 98504-0095.

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The outreach material for identifying hearing-impaired children should include developmental, as well as medical and audiological information relative to hearing loss. Efforts to identify these children may crossover and include concerns in other areas of development (i.e., vision, behavior).

Resources for identifying students at risk for a hearing impairment include:

- hospitals, neonatal intensive care units, community health centers;
- early intervention, day care, Head Start and preschool programs;
- pediatricians, otologists, otolaryngologists, and audiologists;
- state and local human service agencies (public and private);
- speech and hearing centers;
- audiological evaluation centers;
- parent and teacher referrals.

HEARING SCREENING

Hearing screening programs are an integral component of school health and educational programs. The goal of an effective hearing screening program is the early identification of preschool and school-aged children who may be in need of special services designed for the hearing impaired. Screening identifies those children who are in need of follow up assessments, and thus it is considered the first step in service delivery.

Personnel

Currently, hearing screening programs are conducted by school personnel such as school health nurses, audiologists, speech and language pathologists, and others. Hearing screening may be conducted by anyone who has been approved as a hearing screener in their state.

Hearing Screening Procedures

Screening regulations for public school programs should require some form of discrete frequency (pure-tone) hearing test. For example, pure-tone testing could be conducted at four test frequencies (Hz) at a screening level of 20dB.

Individual (instead of group) pure-tone testing is strongly recommended. These requirements are based on the most recent recommendations of the American Speech-Language-Hearing Association (ASHA).

Referral Criteria

Failure to respond to any of the aforementioned test frequencies in either ear indicates the child should be retested within two to four weeks. If the child does not pass the screening a second time, the school nurse or other appropriate personnel should notify the parents and recommend medical and/or audiological follow-up. Records of screening results become part of the permanent school health record. In addition, notification to appropriate school officials and referral for special education should be considered.

Population To Be Tested

A minimum hearing screening schedule includes once per year in grades K-3, one additional time in elementary school and once each time in middle school and high school. Other considerations include:

- children whose hearing is of concern to their parents or school personnel;
- children in "high risk" categories;
- children who have experienced high risk events (i.e., high fever, auto accidents, ear infections);
- children who are new to the school system (unless records reflect a recent hearing screening); and
- children who have not passed a hearing screening during a given school year (they should be screened during the subsequent school year).

NOTE: Children who have been identified as having a significant hearing loss require the services of a certified audiologist and should not be involved in the hearing screening process.

Test Environment

Hearing screening sites require a proper environment. In fact, **where** the hearing screening is conducted may be the most important variable in determining how valid the test is.

Hearing screeners often determine high ambient noise levels as the most significant problem in conducting an effective hearing screening program. School administrators who are responsible for providing an appropriate environment for screening should be made aware that a successful program greatly depends on a quiet testing environment. A minimally acceptable environment for hearing screening includes a room which is:

- situated away from external noise sources (i.e., phones, playground, cafeteria, auditorium, etc.);

- equipped with carpeting and curtains to minimize the room noise; and
- relatively free of visual distractions with adequate lighting.

Equipment

Audiometers (pure-tone) should be purchased, maintained, repaired and calibrated as necessary. The State Department of Education, Department of Public Health, or other public or private agency may assist in the procurement and maintenance of the equipment used in hearing screenings. Specific services should include:

- calibration of all audiometers in accordance with specifications set forth by the American National Standards Institute (ANSI);
- instruction to school personnel in the importance of conducting daily listening checks of equipment, and the process to do so; and
- evaluation of the condition of audiometers brought in for calibration or repair and recommendation of replacement, if necessary.

Impedance Testing/Tympanometry

Impedance testing/tympanometry is a procedure used to detect middle ear problems. It is not a measure of hearing and, therefore, does not substitute for a pure-tone hearing screening. When used as a screening tool in conjunction with pure-tone testing, tympanometry can be useful in identifying children who may have chronic or fluctuating middle ear disorders which may contribute to a hearing loss and substantial language disorders.

Although not required, a growing number of school systems have incorporated tympanometry into their screening programs. If implemented as part of a screening process, tympanometry should focus on grades pre-school through two, as children in this age group are most likely to experience middle ear disorders. The successful use of tympanometry in a school screening program requires appropriate equipment and training for staff, information for parents, and the involvement of physicians and other medical specialists. Further, it is recommended that an audiologist (either on the staff or on a consulting basis) be involved in the planning, implementation and supervision of the tympanometry program, including training, screening criteria, referral and follow-up. Suggested tympanometry screening guidelines and recommendations for conducting tympanometry programs are available.

Limitations of School Hearing Screening Programs

Parents and professionals should be aware that the pure-tone screening procedure, even when carried out under ideal conditions, may not identify children with hearing loss, particularly if the loss is minimal or mild. For this reason, screening for middle ear disease via tympanometry may be a worthwhile goal of a school health program. It may be recommended that parents seek medical consultation, however, not all parents will carry through on this.

Vision Screening

Due to the added emphasis on sight, an extra effort should be made to identify potential vision problems. It is important that hearing-impaired children receive an initial ophthalmological examination to make sure there is no eye pathology, followed by regular vision screenings. Where possible, the vision screening should go beyond the standard school screening (test of far and near visual acuity) to include measures of color vision and visual field. During vision testing, every effort should be made to ensure that the child's communication needs are being considered (hearing aids or assistive devices are working, interpreters are utilized, when needed, etc.).

In addition, parents should be aware that all children who are hearing impaired should be screened for Usher's Syndrome by a physician. This inherited disorder affects people with both mild and profound hearing losses and results, in most cases, in legal blindness. Testing is needed and should be done no later than age fifteen.

Parents of children who fail vision screenings should receive a written notice. It is recommended that families follow-up by scheduling an ophthamological appointment for their child.

CHOICE OF COMMUNICATION METHOD

As soon as the child has been diagnosed as having a hearing loss and the parents are ready, professional staff should meet with the family to discuss communication methods, being mindful of the following considerations:

- information regarding all communication methods should be presented;
- professionals need to sort out their biases and feelings to prevent them from interfering with the parents' choices;
- parents should have the opportunity to discuss the different communication methods with other parents who are using them with their children, and with hearing-impaired adults;
- parents should never be pressured into choosing one type of communication method;
- parents should be able to learn to use the method chosen;
- parents should have a firm commitment to carry out the method chosen;
- siblings, grandparents, primary care providers, baby-sitters, etc. should have opportunities to learn the communication method chosen;
- teaching aids (such as videotapes) should be available to help parents understand the different communication methods;
- parents should feel comfortable about their choice;
- periodic evaluation of the effectiveness of the communication method must occur to determine degree of success and/or the need for other options;
- the parents must have a support system to assist them through the process of learning to use the communication method chosen;
- the support system must continue to enable the parents to keep up with their child's progress;
- the method chosen should provide a strong language base;
- professionals must respond to the fears and confusions of the parents with understanding and information;
- the communication method chosen should not inhibit natural communication and parenting.

PRE-REFERRAL AND EVALUATION TEAM PROCESS

Pre-referral and evaluation are two procedures that occur prior to a child receiving special education services. As a follow-up to observation and/or screening, appropriate and timely referrals are in the best interest of the child and school district. Assessments that are administered by personnel trained in hearing loss assist parents and school personnel to gain an accurate picture of a student's strengths and needs. As a result, an Individualized Education Program (IEP) may be developed that results in a placement based on the unique learning and language needs of this special population. Since state laws, regulations and timelines may vary, the local education agency (school district) or state education agency (Department of Education) should be contacted for specific information on procedures.

PRE-REFERRAL

Pre-referral is a function of regular education and should involve parents in the process. The purposes of pre-referral are to:

- determine high risk factors of the student;
- gain a better understanding of the student through the sharing of information from individuals involved with the child;
- identify concerns;
- incorporate all appropriate modifications or services (i.e., appropriate seating, reading specialists) through regular education for the student;
- determine what further information is needed about the student.

EVALUATION PROCESS

The evaluation process is initiated with a referral, followed by assessments, and culminates with an evaluation team meeting which determines if special education services are warranted. If special education needs are identified, an Individualized Education Program (IEP) is developed.

Referral

Referral is the process whereby concerned parents/guardians, educational surrogate parents, school personnel or other individuals request evaluation of a child whom they suspect may be in need of special education.

For children under three years of age, coordination with other agencies is very important. Depending upon the state requirements, procedures, and cooperative agreements, referrals may be made directly to Early Intervention Programs, specialized parent infant programs for hearing-impaired children, or the student's school system (Special Education Director). Referral characteristics of children suspected of having a hearing loss are summarized on the following pages.

REFERRAL CHARACTERISTICS OF CHILDREN SUSPECTED OF HAVING A HEARING LOSS

Parents and professionals should be alerted to the need for further observation of the child if he/she experiences difficulty in any of the following areas*.

Academic:

- Scores significantly higher on performance tests than on verbal tests;
- has success with tasks not dependent on understanding or use of spoken language (i.e., math computation);
- experiences delays, difficulties, and differences in the acquisition of literacy skills and other subject areas;
- has difficulty with abstract concepts which are presented through speech or print.

Medical:

- Has or had middle ear problems including infection or fluid;
- has family member(s) who experienced early hearing loss;
- has mother whose pregnancy history includes infection from German measles, cytomegalovirus, toxoplasmosis;
- had pre-existing diagnosis/syndrome which places the child at a higher than normal risk for hearing impairment (i.e. Down Syndrome, Wardenberg Syndrome);
- had low birth weight - 4 lbs. or less (1800 grams);
- has unusual ear, eye, head or neck development;
- had meningitis;
- had severe jaundice;
- is a mouth breather;
- loses balance/equilibrium.

Behavioral:

- Has difficulty following vocal directions;
- often asks to have statements repeated;
- responds inappropriately to questions;
- attempts to hide difficulties in hearing or understanding spoken language;
- may have partial understanding of conversation;
- appears to have a short attention span;
- becomes easily distracted;
- requires a lot of eye contact;
- appears to be in discomfort in noisy situations;
- becomes easily frustrated in a group situation;
- prefers to play alone;
- tends to withdraw and become quiet;
- is more attentive in small group activities.

*When information is presented in the child's native language.

Speech:

- Omits or substitutes sounds past the appropriate developmental stage;
- exhibits unusual vocal prosody characteristics (i.e., voice, tone, resonance, pitch, rhythm, intensity).

Auditory:

- Responds inconsistently to sounds;
- may not be able to locate the source of the sound;
- prefers loud volume on audio equipment or places ear on speaker;
- responds more consistently to environmental noises than to voice;
- turns head to one side to hear better;
- has difficulty understanding speech after cold/ear infection subsides;
- has difficulty discriminating words;
- "cups ears" with hands.

Language:

- Departs from grammatically correct English structure;
- has difficulty expressing ideas;
- has difficulty understanding and expressing concepts;
- has limited vocabulary;
- has difficulty following vocal instructions;
- has difficulty developing written language skills;
- has difficulty developing reading comprehension skills.

Adapted from "Possible Referral Characteristics", 1987, Program Standards and Eligibility Criteria for Special Education, Arkansas Department of Education, 4 State Capitol Mall, Little Rock, AR 72201, pp. 12-1, 12-2.

Evaluation

The evaluation of a hearing-impaired child merits special attention. The impact of a hearing loss on the development of the full range of language skills must be understood and reflected in the assessments. Etiology, functional hearing, age of onset, native and primary language, cultural and bilingual/multilingual background, family socio-economic status, other disabilities, communication skills, cognitive, psychological and educational functioning all must be identified on an individual basis and assessed in relation to each other by a team of professionals who are trained and knowledgeable about hearing impairment.

Purposes of Evaluation

Assessments should be designed to aid in the determination and provision of appropriate special education or special education and related services. Assessments must be completed in order to:

- identify/update current level of performance and determine potential for learning;
- identify degree of hearing loss;
- suggest modes of communication most appropriate for learning (inclusive of learning style);
- identify capabilities; and
- identify areas which require special services.

A full and complete evaluation/re-evaluation must be conducted every three years. Assessments may be conducted more frequently if conditions warrant or new information is needed.

Selection, Administration and Interpretation

Assessments should be designed to aid in the determination and provision of appropriate special education or special education and related services. The selection, administration and interpretation of assessments is a complex process requiring significant expertise. Appropriate placements and programs are dependent upon accurate, comprehensive, and nondiscriminatory assessment procedures. The assessments used in the development of the Individualized Education Program (IEP) should be selected according to the needs of each individual child and be administered by professionals with special knowledge about hearing loss. Assessment instruments must be free of bias or discrimination on the basis of race, culture, or severity of disability, especially when differences in social mores, backgrounds, experiences or communication are suspected. In addition, assessments should not rely heavily on vocal or printed information unless the child's spoken or written language is being tested.

In the assessment of a hearing-impaired child, the inclusion of a professional trained in the area of deaf education on the evaluation team can be beneficial. Furthermore, the compatibility between the communication/language of the evaluation team, the communication/language of the child/family and the assessment instruments is critical. This compatibility can only be accomplished if:

- the evaluation team has comprehensive communication skills, an understanding of child innovated communication systems and sensitivity to the effects of inadequate auditory stimulation;
- the communication of the child and family is completely understood and appropriately integrated into the assessment situation;
- the instruments are free of cultural bias; and
- the physical environment is modified appropriately.

It is recommended that evaluation team members should possess, at a minimum, the following skills:

- training and experience working with and evaluating hearing-impaired children;
- knowledge of age-appropriate language, academic and social development;
- ability to recognize child innovated gestural systems;
- fluency in American Sign Language, or cued speech, as appropriate;
- knowledge of techniques for facilitating the development of speech and spoken language including, but not limited to speechreading, aural techniques, cued speech, etc.;
- knowledge of English based sign systems and sign variations which include features of both English and American Sign Language;
- knowledge of the impact of hearing loss on literacy skills and language development;
- sensitivity to a family's culture, values, communication style, needs and adaptation to the child's hearing loss;
- knowledge of technology and assistive devices;
- ability to understand the range of speech patterns used by hearing-impaired children.

If the assessments are not selected, administered and interpreted by professionals skilled in the area of hearing loss/deafness, the following may occur:

- lack of awareness of the child's skills (i.e., if the speech pathologist does not have the same communication mode as the child, the child's communication skills cannot be adequately assessed);

- assumptions that the lack of speech implies a language deficit or lack of intelligence instead of a difference in communication mode (i.e., child's primary language is sign language);
- problems of misdiagnosis (i.e., labeling a hearing-impaired child as learning disabled or mentally retarded based on a test score in which the test used language to determine the disability);
- lack of knowledge of available normed instruments (very few instruments are normed on the hearing-impaired population);
- lack of awareness of the best assessment instruments for hearing-impaired students;
- the potential for inappropriate conclusions regarding the child's level of functioning as drawn from standardized testing;
- lowered intelligence score based on inaccurate information (i.e., a psychologist who lacks effective communication skills can negatively affect resulting test scores).

Communication of the child/family

The child's primary language or the communication mode familiar to the child and/or family must be used in the assessment.

For very young deaf and hard-of-hearing children, their ability to effectively comprehend and use formal or informal visual language should be determined. The full range of communication, language and learning styles should be evaluated.

Assessment instrument(s) modifications

Assessment materials must be properly validated for the purpose for which tests are to be administered. Responsibility for validity, reliability, and appropriateness of test materials rests ultimately with the examiner.

Assessment materials have been recommended by their producer for a specific purpose and must be administered in conformance with the instructions provided by their producers. However, when a standardized instruction operates to the detriment of the student's performance, the tests should also be adapted as needed, and both standardized and adapted results should be reported by the examiner. Adaptations may include:

- alternative instructions (demonstration, ASL, gestures, cued speech, non-vocal test directions);
- modification of directions;

- practice activities;
- allowance for additional practice;
- provision for additional time;
- provision of additional examples;
- use of a qualified interpreter or transliterator.

In any situation where the evaluator does not have comprehensive sign language or cued speech skills and the child's preferred mode is sign language/cued speech, a qualified interpreter/transliterator must be used. In this instance, the evaluator and the interpreter/transliterator should meet to discuss the assessment situation prior to the evaluation. It should be pointed out, however, that communication and language skills are not the only variables which must be considered, and the list of recommended skills of the evaluation team cited previously should ultimately determine the composition of the evaluation team.

Physical Modifications of the Assessment Environment

In order to ensure accurate assessment of the student, the testing environment should include the following modifications:

- comfortable environment;
- appropriate amplification;
- assistive devices;
- comfortable seating/lighting;
- appropriate acoustical treatment (i.e., carpeting, acoustical ceiling tiles, drapes);
- reduction of visual and auditory distractions.

Individual state regulations cover specifics regarding the evaluation/assessment process, qualifications and responsibilities of assessment personnel, required participants on the team, and timelines.

Areas of Assessment

The child should be assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative skills, and motor ability. No single procedure should be used as the sole criterion for determining the child's disability and status.

Educational History

The child's educational history should be reviewed with particular reference to his/her past opportunities to have acquired important skills and information. This should include a history of all the pre-school and school programs the child has attended.

Academic

Assessment of the child's academic abilities should be conducted, including:

- current level of performance;
- concept mastery;
- mastery of factual information in age-appropriate subject areas;
- mastery in the comprehension and production of written English (literacy skills).

Medical

- Relevant medical history (including most recent physical exam);
- identification of additional handicapping conditions;
- ophthalmological information;
- results of previous health screenings;
- prior recommendations from physicians, school nurse or other health professionals.

Audiological

- History relevant to the cause of the hearing loss;
- pure-tone air/bone conduction;
- speech reception threshold (hearing level for speech);
- speech discrimination in quiet and noise;
- impedance battery (middle ear analysis and acoustic reflex);
- test of auditory comprehension;
- auditory/visual discrimination;
- acoustic analysis of hearing aids/amplification (including comparative testing, if necessary) and ear mold check;
- FM auditory trainer evaluation, if appropriate;
- tolerance for loudness.

Family History

- Individual developmental history;
- family constellation and developmental history including incidence of deafness in the family;
- social services (if any) the family needs or receives;
- history of professional intervention;
- family communication method used with the hearing-impaired child;
- family attitudes and values with respect to communication philosophy;
- social network within and outside the home (hearing impaired, hearing);
- goals and expectations for children (hearing impaired, hearing) in the family.

Psychological

- Cognitive/Intellectual
    - reasoning skills;
    - long and short term memory;
    - problem-solving strategies;
    - ability to learn new tasks;
    - capacity for acquiring content information;
    - assessment of learning style.

- Psychosocial
    - identity and self-concept;
    - personality and interactive style;
    - current emotional functioning;
    - mood and feelings;
    - preferences and concerns;
    - developmentally appropriate social behavior in different contexts (peer/adult, formal/informal, etc.);
    - ability to use communication skills appropriate to different social contexts (i.e., classroom, playground, community, family).

Communication and Language Competencies

It is important that a hearing-impaired child's performance in his/her primary language be formally assessed. The "primary" language of a hearing-impaired child may not be the one that first comes to mind. For a hearing-impaired child, the preferred primary language may not be English or another spoken language. The preferred primary language may be spoken English, ASL, one of the varieties of the Signed English Systems or an idiosyncratic sign form. All of these language forms should be included to ensure a complete and accurate evaluation.

The skills listed below should be evaluated based on chronological/developmental age and cognitive ability.

Receptive and Expressive Linguistic Skills

- Ability to understand/produce appropriate grammatical structures in language:
    - word order;
    - basic sentence types (declarative, interrogative, etc.);
    - complex sentence types (embedded clauses, conjoined sentences, etc.);
    - basic pronomial system (personal pronouns, classifiers, appropriate pronoun choices).

- Ability to understand/produce basic meaning and extensions of meaning:

  - modification of lexical (words and signs) and sentence structures in the production of subtle variations in meaning (i.e., verb tenses, verb aspect);
  - derivation of different forms from lexical categories (i.e., derivation of adjectives from verbs, nouns from verbs, etc.).

- Ability to understand/produce figurative and creative language:

  - idiomatic expressions in language;
  - variations in meaning of different language structures across social settings (generational or peer group meanings vs. adult meanings, jargon and slang).

- Ability to understand/produce age-appropriate language according to developmental milestones.

- Ability to understand/produce appropriate discourse and conversation rules (taking turns, introducing and maintaining topic, characters, theme, setting, etc.).

- Ability to understand/produce intelligible and fluent language (articulation, preciseness of delivery, level of fluency, etc.).

English/Other Language/Speechreading/Cued Speech

- Ability to understand individual words or segments of words in spoken English/other language;
- ability to understand larger chunks of spoken English/other language (i.e., phrases, sentences);
- ability to understand figuratively and creatively spoken English/other language;
- ability to reorder initial perceptions of spoken English/other language message as meaning becomes further clarified.

Motor Skills

- Gross and fine motor;
- perceptual motor;
- psychomotor;
- physical fitness;
- motor/sport skills.

Independent Living Skills/Self Help

NOTE: The skills listed below should be evaluated based on chronological/developmental age and cognitive ability.

- Home and self help skills;
- numerical skills;
- time concepts;
- sight vocabulary (ability to perform basic communication: filling out forms, interpreting common signs, etc.);
- mobility and ability to access transportation systems;
- knowledge of community;
- measuring skills;
- budgeting/financial management.

Vocational

NOTE: The skills listed below should be evaluated based on chronological/developmental age and cognitive ability.

- Vocational/career aptitudes;
- vocational/career interests;
- work related behaviors;
- academic skills related to work performance.

Tips for Discussing Assessment Information With Families

- Discuss the evaluation results with the parents as quickly as possible after the child's needs are identified.
- Use the primary language and communication style of the family; avoid using jargon.
- Set aside sufficient time for the parents and professionals to present information, ask questions, and provide emotional support.
- Provide parents with an opportunity to invite other family members or professionals to participate in assessment team meetings.
- Honor family preferences for the amount of information they can absorb in one meeting. Schedule additional meetings, if necessary.
- Provide complete, unbiased information to the parents about their child's strengths and needs. Provide hope and encouragement.

Costs Associated With Evaluations

The expense incurred in any evaluation procedure recommended or conducted by the evaluation team must be paid for by the Local Education Agency or other financial resources (not the parents).

EARLY INTERVENTION AND PRESCHOOL SERVICES

With the passage of *P.L. 99-457, State Departments of Education are moving toward the provision of coordinated services to infants, toddlers and preschoolers. Because of the importance of language in learning for children during these critical early years, it is imperative that hearing-impaired children be identified early, and provided with services immediately. Coordination and collaboration between state and local education agencies, lead agencies, early intervention programs, parent infant programs, public health agencies, medical facilities and others becomes vital. Mechanisms must be developed, cooperative agreements written and implemented, and staff trained to enable states to provide a comprehensive system of referral, diagnosis and programming for young hearing-impaired children.

Medical facilities and physicians must work closely with early intervention programs and school systems to refer newborns who are hearing-impaired, deaf-blind, or at risk for hearing-impairment. A high risk registry or **infant tracking system which promotes coordination between genetic clinics, medical facilities, Public Health and Education Departments can be helpful in ensuring that these children are diagnosed and treated early. Mechanisms must also be developed to identify and assist "at risk" parents.

When the diagnosis is made (see the section on assessment), parents should be provided with information about their child's disability, resources, and the name of a parent or parent group, so they can talk to another parent about their feelings, needs, concerns, fears, etc. Many states have "parent-to-parent" or "pilot parent" programs which provide this service. This volunteer network provides parents who have been carefully selected, trained, and appointed to work with parents of newly diagnosed children with disabilities. It is very important at this time that parents receive positive messages about their child's future. Unfortunately, much of the information provided by medical personnel deals with the negative aspects of the disability (what's wrong with the child; what the child cannot do, etc.). Parents who have successfully dealt with raising a hearing-impaired child can offer positive assistance and encouragement to the parents of a newly diagnosed child at this time.

*Full implementation is not scheduled until 1991.

**Agencies interested in establishing/refining an infant tracking system may wish to obtain a copy of Keeping Track Tracking systems for high risk infants and young children developed by the National Center for Clinical Infant Programs and available from The National Maternal and Child Health Clearinghouse, 38th and R Streets, N.W., Washington, DC 20057.

Language acquisition must begin as soon as possible for hearing-impaired children. Parents will need accurate, unbiased information about the degree of their child's hearing loss, communication methods (see Choice of Communication Method) and assistive devices/technology. Parents should never be confused or pressured into trying something they do not understand or are not comfortable with. Parents should be given information, time to review their options, on-going support, and resources to enable them to be successful. If they have concerns or problems, they should have resources available to help them through the crisis. It is important that parents and professionals have a mechanism for evaluating the choices the parents have made so that course changes can be made as necessary and appropriate.

Parents will need help in understanding the technology available which may be able to assist their child (see the section on technology). Information should be provided in several forms:

- print material which is understandable to the average person;
- print material available at a lower reading level;
- display/presentations;
- films, audio/video cassettes demonstrating the equipment;
- hands-on demonstration of equipment;
- loaner equipment.

It is helpful if parents can borrow equipment, especially if the equipment is expensive or of unknown value to the child. Many states have established central/regional programs which have the latest in equipment and technology and staff trained in its use. Equipment is available on a loan basis to school districts, education personnel, parents and/or students. These centralized programs are very important in rural areas where individual school systems may not have the on-going need or financial resources to purchase and maintain sophisticated technology/equipment which could benefit a small number of students.

If it is determined that the child could benefit from amplification, he/she should be fitted immediately, and training provided to the parents on the use, care and maintenance of the device(s). Parents should also be informed of any problems which may arise, and should be given the name and phone number of a case manager or contact person who can assist them. It is important to remember that accurate fitting and utilization of amplification devices is important, and very difficult, especially with very young children. The devices must be monitored regularly, adjusted or changed as needed. Parents and all staff working with the hearing-impaired child should be provided with information and training on how to check the equipment and provide basic maintenance (i.e., changing batteries, cleaning earmolds, setting switches, etc.).

Parents may need financial assistance in obtaining personal amplification equipment for their child. (Equipment used by the child in an educational program would be included in the child's IFSP or IEP, and would be the responsibility of the school district). State agencies may be able to provide financial assistance to families who meet certain income guidelines (such as the Department of Public Health, Bureau of Special Medical Services, etc.). Private charitable organizations, disability groups, church groups, and local service organizations (i.e., Lions Clubs, JayCees) also may have funds to assist the family with the purchase of equipment. Private insurance may provide for the lease or purchase of certain equipment.

*INDIVIDUAL FAMILY SERVICE PLAN

Once the child has been identified and referred, the responsible agency (lead agency) must conduct an evaluation to determine the child's status and eligibility for services. In many states, the lead agency is the Department of Education. Other states have chosen another state agency as the lead agency. In this case, it is critical that the Department of Education and lead agency have procedures to ensure that children are evaluated and services provided in a timely and coordinated manner (see section on evaluation).

The evaluation should determine:

- the child's unique strengths and needs;
- the family's strengths and needs related to the development of the child;
- the nature and extent of early intervention services that are needed by the child and his/her family.

The evaluation must:

- be conducted by personnel trained to utilize appropriate methods and procedures;
- be based on informed clinical opinion;
- include a review of pertinent records related to the child's current health status and medical history;
- include an evaluation of the child's level of functioning in each of the following developmental areas:
    - cognitive development
    - physical development

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*From *Guidelines and Recommended Practices for the Individualized Family Service Plan.*

  - sensory status
  - language and speech development
  - psychosocial development
  - self-help skills

- include an assessment of the family:

  - by personnel trained to utilize appropriate methods and procedures;
  - based on information provided by the family through a personal interview;
  - incorporate the family's description of its strengths and needs related to enhancing the child's development.

Once it is determined that the hearing-impaired child is eligible for services, an Individualized Family Service Plan (IFSP) can be developed, which will outline the services that will be provided to the child and his/her family. The plan must:

- be developed jointly by the family and appropriate qualified personnel involved in the provision of early intervention services;
- be based on the multidisciplinary evaluation of the child and the family;
- include services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child.

When developing an IFSP, consideration should always be given to community integration in accordance with the child/family needs and desires. Listed below are some services which may be considered for a hearing-impaired infant or toddler when designing the IFSP. These services can be provided with many variations:

- specialized instruction
- special education
- speech pathology
- audiology
- auditory training
- speech therapy
- English language instruction
- interpreter services
- sign language/cued speech training for the child/family
- instruction in the proper use of interpreters
- training in the aural/oral method of communication
- instruction in the use of assistive devices
- physical therapy
- occupational therapy
- psychological services
- case management services

- health services (to enable the child to benefit from other early intervention services)
- nursing services
- social work services
- nutrition services
- alternative living arrangements
- day care
- transportation
- special equipment
- recreation
- environmental adaptation
- transition services.

Services listed in the IFSP for the family might include:

- family counseling
- family training and education
- home visits
- instruction in sign language/cued speech
- instruction in aural/oral methods
- transportation
- homemaker service
- case management services
- parent-to-parent support
- interpreters
- special equipment
- educational materials (audio/visual and print)
- respite care
- environmental adaptations.

The IFSP must include the name of the case manager assigned to the child and family. The case manager is an individual from the profession most immediately relevant to the child's or family's needs, who will be responsible for the implementation of the IFSP and coordination with other agencies and individuals.

The case management practices employed in developing and implementing the IFSP will largely determine whether or not the IFSP supports and strengthens the family. A number of principles should guide case management and IFSP implementation:

- Case management models and practices in early intervention should reflect the implicit and explicit intent of the IFSP.
- Case managers must be able to perform multiple roles in their work with families.
- Case manager roles and functions should support and strengthen family functioning.
- A single case manager should be responsible for helping the family gain access to needed resources.

- Case managers must be provided with the training necessary to learn the skills needed to work effectively with families and with professionals from other disciplines.
- Case management practices should not create any additional burdens or strains on the family.
- Families should be given an opportunity to select a case manager as part of early intervention services.

During the process of developing the IFSP, the team may identify specific needs of the child and/or family which may not be appropriate for inclusion in the IFSP. The case manager should provide the family with information about other agencies/individuals who may be able to assist in providing or funding these additional services (i.e., other public agencies, private nonprofit agencies, service groups).

The individual needs and circumstances of each state and program will influence the specific IFSP policies and procedures they choose to adopt. The development of an IFSP process that supports, rather than supplants, the natural caregiving role of families is a complex task that will involve many people. Despite the variety of perspectives that will necessarily be reflected in this process, it is critically important that all those involved in this task share a family-centered philosophy and conceptual framework.

Over the past few years, a family-centered philosophical base has been steadily gaining acceptance in early intervention. By the time P.L. 99-457 was enacted, there was near unanimity among early intervention programs and service providers on the primary importance of the family, as evidenced in the testimony provided to Congress and in the Congressional Report (Gilkerson, Hilliard, Schrag, & Shonkoff, 1987). State planners, policy makers, personnel preparation faculty, early intervention professionals, families and others involved in developing and implementing IFSPs should explore the implications of adopting a family-centered approach in all areas of services to infants and toddlers with disabilities and their families.

Principles Underlying the IFSP Process

The following principles form a conceptual framework for IFSP policies and procedures when designing a family-centered approach to the provision of early intervention services.

- Infants and toddlers are uniquely dependent upon their families for survival and nurturance. This dependence necessitates a family-centered approach to early intervention.
- States and programs should define "family" in a way that reflects the diversity of family patterns and structures.

- Each family has its own structure, roles, values, beliefs, and coping styles. Respect for and acceptance of this diversity is a cornerstone of family-centered intervention.
- Early intervention systems and strategies must reflect a respect for the racial, ethnic, and cultural diversity of families.
- Respect for the family's autonomy, independence and decision-making means that families must be able to choose the level and nature of early intervention's involvement in their life.
- Family/professional collaboration and partnerships are the keys to family-centered early intervention and to successful implementation of the IFSP process.
- An enabling approach to working with families requires that professionals re-examine their traditional roles and practices and develop new ones when necessary -- practices that promote mutual respect and partnerships.
- Early intervention services should be flexible, accessible, and responsive to the family's needs.
- Early intervention services, to the greatest extent possible, should be community based and provided in locations close to the family.
- Implementation of the IFSP should promote family independence and interdependence with members of the family's community.
- No one agency or discipline can meet the diverse and complex needs of infants and toddlers with special needs and their families. Therefore, a team approach to planning and implementing the IFSP is necessary.

EARLY INTERVENTION/PRESCHOOL PROGRAMMING

The provision of special education, related services and support services to young hearing-impaired children and their families must be based on the individual and unique needs of the child and family. The "least restrictive environment" for a hearing-impaired infant may be very different than for that of a school-aged child, and many things must be considered when determining where the child and family will receive services. With careful planning and communication, a well-conceived service delivery system can be designed. The system for preschool children must incorporate effective evaluation and family involvement in the diagnostic process, as well as identification of instructional goals. Instruction must be designed to take into account the child's typical developmental needs, in addition to those needs served by related service staff such as speech therapists. Professional and parental teamwork must be nurtured and incorporated into the program design.

Particularly important to early intervention and preschool programs is the home component. Services to the child and family are critical during this early period of rapid growth and development and language acquisition. Family members and primary care providers should be actively involved with the service delivery system. Program staff must ensure that meetings and home visitations are dynamic activities rather than passive ones. Flexibility and coordination are critical, since many young children will be the responsibility of the Department of Education (or other lead agency), but will receive services from some other public or private agency (i.e., early intervention program, day care center, Head Start program, parent infant program, etc.) prior to becoming eligible for special education services through the school system.

When determining the placement for a young hearing-impaired child, the placement should:

- be able to implement the child's Individual Plan (IFSP or IEP);
- provide staff who use the communication method used by the child and family;
- provide a rich linguistic and learning environment;
- reflect the parents' and school district's philosophies;
- provide age-appropriate activities;
- provide for age-appropriate peer interaction;
- provide appropriate related services for the child;
- provide adequate and appropriate support services for the child, family and program staff;
- provide qualified staff;
- provide training for staff, parents and/or primary care providers, as necessary and appropriate;
- facilitate communication between the preschool program, family, and other service providers;
- prepare for the child's transition from preschool to school;
- be acoustically conducive to learning;
- provide transition services to move the child and family smoothly from one program to another (i.e., early intervention program to preschool program; preschool program to elementary school program).

TRANSITION PLANNING

The transition from early intervention services into the public school system is a time of significant change for the child, family and teacher. The child must adapt to and learn new routines and rules, develop new skills, and make new friends. The family must deal with a new group of personnel; new rules, regulations, procedures and timelines; learn a new vocabulary (IEP instead of IFSP, etc.); and an entirely different service delivery system. The teacher must learn to deal with a hearing and language impaired child, the introduction of other people in the classroom (i.e., interpreters), a different method of communication, etc.

The case manager can be particularly helpful at this time in coordinating all the pieces and agencies for the family.

Some considerations when designing a transition model include:

- the development of written procedures specifying activities, timelines and persons responsible for carrying out the transition activities;
- the involvement of administrators, teachers, support staff and parents in the development and implementation of the school's transition procedures;
- the ongoing support of administrators by providing time and resources for staff to plan each child's transition.

Specific transition activities should be built into the child's IFSP and begun while the child is still involved with the early intervention program. It is also helpful to suggest that the parent become involved with the PTA/PTO or parent group from the new school. At this time, the parents might want to access additional parent training (through a local parent organization or Parent Training and Information Program) to prepare them for the new system (see section on parent education and training).

Timely and systematic planning by the family, early intervention personnel and public school personnel increase the likelihood of a successful transition with a minimum of stress for the child, family and teacher.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Upon completion of the assessments which were part of the evaluation, and based on the results of those assessments, the team will meet to write the child's IEP.

Parents are critical for the effective development and implementation of the IEP. Parents need to be aware of their rights, and to understand the importance of their involvement in the process. For instance, the team meeting must be in the parent's primary language or mode of communication (i.e., Spanish, ASL, etc.). IEPs need to be written clearly and must be easily understood by the student's family and all personnel working with the student. A copy of the IEP must be provided to all personnel working with the student who have responsibility for the implementation of the IEP. As the student becomes older, he/she should play an active and meaningful role in developing his/her IEP. Parents and school personnel can assist the student in acquiring self-advocacy skills to enable him/her to fulfill this role. Understanding the special education/IEP process can become one of the objectives on the student's IEP.

The items listed below highlight important considerations in designing an IEP for a hearing-impaired student. Check individual state regulations to determine what components must be included in each student's IEP and who must be present (school personnel) to comprise an IEP team.

Student Profile (including but not limited to):

- Outlines the student's strengths (i.e., cognition, achievement, social/emotional, psychomotor);
- outlines the child's area(s) of special need (i.e., medical, cognition, achievement, social/emotional, psychomotor);
- identifies measurable physical constraints (i.e., extent of hearing loss, motor limitations, visual status);
- identifies the equipment needed by the student;
- identifies the student's preferred method of communication;
- identifies the student's learning style;
- identifies the extent to which the student will be able to participate in the regular education program;
- identifies the expectations for the student when participating in the regular educational program.

Parent Profile (including but not limited to):

- Identifies the services the parent may require (i.e., communication method, parenting skills, behavior management, training for carryover of therapies);

- identifies the extent and need for case management services to assist the parent in coordinating multiple agencies (educational, social, recreational);
- identifies resources and literature which would benefit the parent(s) in understanding their child's disability;
- identifies equipment the student/family needs at home (TDD, captioner, etc.).

Possible supportive services (including but not limited to):

- specialized equipment and devices
- designated case manager to oversee and coordinate the child's program and provide/arrange for technical consultation to relevant service providers
- transportation
- designated personnel to oversee and monitor the function and maintenance of hearing aids and assistive devices
- support to appropriate school personnel
- speech therapy
- English language instruction
- auditory training
- occupational therapy
- physical therapy
- counseling (group, individual)
- vocational/academic counseling
- interpreter services (oral/English, sign languages/ASL, cued speech, etc.)
- sign language/cued speech training for the child and family
- notetakers
- tutoring
- acoustical modifications to the classroom(s)
- instruction for students in the proper use of interpreters
- instruction for students in the use of assistive devices and TDDs
- computer instruction
- physical education/adaptive physical education
- parent/child instruction
- parent counseling
- interpreter(s) for parents and hearing-impaired children for team meetings, conferences, home/school communication
- recreation, social skills training.

Teaching Approaches and Methodology:

- Use of the child's communication mode;
- use of visual, auditory or visual/auditory approaches;
- use of language enrichment models;
- use of individual, small and large group instruction;
- use of developmental/interactive approaches;
- use of teachers fluent in sign language (total communication programs) or qualified interpreters;
- use of team teachers (regular educator and teacher of the hearing impaired).

Teaching Modifications:

- Homework assignments to be written on the blackboard, overhead projector or mimeograph sheet;
- student notebook for home/school communication (i.e., assignments, vocabulary);
- preferential seating (based on needs of student relative to classroom activity);
- provisions for interpreters, notetakers, tutors, as needed by the student;
- primary person assigned to child in case of fire or emergency;
- team teachers (i.e., regular educator and teacher of the deaf).

Monitoring and Evaluation Techniques (including but not limited to):

- Appropriate academic tests;
- objective measurement criteria;
- recognition and avoidance of cultural bias;
- specific type of test geared to individual needs of the student;
- list of evaluations conducted;
- modifications/evaluation criteria listed on the student's IEP.

Specialized Equipment or Materials:

- Age appropriate, literary rich programs;
- specialized materials for hearing-impaired students and/or students learning English as a second language;
- acoustically and optically controlled environment (i.e., classroom, resource room, computer lab, etc.);
- captioned films and videotapes;
- interpreted school announcements and/or printed information;
- overhead projector, tape recorder;
- carpeting in classrooms used by hearing-impaired students;
- visual alarm system;
- TDDs and telephone amplifiers;
- television and videocamera (for assessment and instruction);
- VCRs and television with telecaption adapter and decoder;
- educational amplification systems (i.e., audio loops, FM system);
- developmental language support curriculum;
- age appropriate materials.

BUILDING MODIFICATIONS WHICH FACILITATE INTEGRATION OF HEARING-IMPAIRED STUDENTS

In order to enable hearing-impaired students to have full access to communication and information and to facilitate learning within the public school setting, the following areas should be attended to:

- control and reduction of reverberation and background noise;
- amplification of speech;
- reduction of visual distractions;
- utilization of appropriate technology and assistive devices; and
- regular maintenance of technological equipment.

In this section, building features identifies those designs that result in optimum acoustical features in classrooms and school facilities. Technology identifies those pieces of equipment which assist in meeting the student's overall communication needs. Taken together, these elements play an important role in determining the success of a student's accessibility to the language and learning available in an educational setting.

BUILDING FEATURES

Children learn in many different areas of school buildings: classrooms, resource rooms, computer labs, etc. Adaptations in the opto-acoustical environment of these areas can be of enormous benefit to those children who use amplification, residual hearing, speech/lipreading, interpreters, signing teachers, etc. While some accommodations may be necessary in school planning and in new building construction, other accommodations are more appropriately determined according to the needs of each individual child who enters a new school program.

The following are guidelines for offering an optimum opto-acoustical environment for hearing-impaired students. In some instances, many of these items can be incorporated into a child's IEP and, therefore, become a required part of the child's educational program.

Noise/reverberation control

Adaptations include:

- cloth partitions and room dividers (i.e., book shelves);
- building materials which do not reverberate;
- location of classrooms, therapy rooms, etc. away from cafeteria, street, playground and other major noise sources;

- acoustical ceiling tiles;
- carpeted floors;
- drapes and curtains;
- self-contained classrooms and open classrooms with proper acoustics;
- installation of noise depressants such as insulated encasements of equipment;
- installation of rubber seals around doors and windows;
- installation of rubber tips placed on the legs of chairs and desks;
- installation of sound buffers (especially in corners);
- use of corkboard;
- use of books to absorb sound.

Considerations include:

- utilization of room dimensions that aid in reduction of the amount of reverberation;
- reduction of background noise from equipment (i.e., overhead projectors and fans);
- reduction of ventilation and mechanical noise;
- minimization of intrusive noise level as not to exceed 25-30 dBs;
- location of speaker to listener at a distance of less than nine feet.

Emergency warning and signal systems (EWSS)

Hearing-impaired students do not always hear fire alarms or other audio systems. Visual signaling devices in classrooms and other areas are important for safety and for transmitting information. EWSS may be either permanently installed or portable. The following systems provide safety and other information signals:

- fire alarms and smoke detectors which activate beacons and strobe lights;
- emergency communication systems in elevators which activate a visual message;
- flashing lights to augment audio signals (i.e., bells).

Amplification and visual output systems

FM systems and other assistive devices and systems which provide simultaneous auditory and visual output (i.e., TV monitors) are important conduits of information for hearing-impaired students. These systems may either be portable or hard-wired into the electrical system of the building. The following considerations are important for successful use of these systems:

- quality of audio and visual output;

- technical compatibility between public address and educational amplification systems such as infrared and induction loops;
- installation of permanent educational amplification systems in large group settings such as the auditorium, cafeteria and gymnasium.

Telephones/telecommunications

See: Assistive Technology

Lighting

Poor lighting can obscure or distort the facial expressions, signs, body movements and gestures that assist sign language users and speechreaders to interpret language. Lighting considerations are especially necessary when students are utilizing interpreters or speechreading. Proper lighting, as well as non-glare lighting, are assets in promoting visual concentration and reducing eyestrain. Curtains, blinds and shades are often helpful. Lighting is best when it can be controlled and modified accordingly.

Color

Students benefit from contrasting backgrounds for ease in speechreading and using sign language. Interpreters should wear dark clothing to aid the student in reading signs. The visual environment, including walls and drapes, should be pleasant. Visual quietude is important.

Visual Cues

Visual cues (signs, symbols and words) assist and augment hearing-impaired students in the classroom. For example, an auditory trainer worn by a student would provide for clearer auditory input. The use of personal hearing aids alone in a group and classroom setting may not be sufficient for acceptable reception of spoken language by hearing-impaired students.

Assistive Technology

Hearing aids, educational amplification systems, and other assistive devices address a variety of needs for hearing-impaired students. Educational amplification systems and other devices should be available as needed in classrooms, resource rooms, auditoriums and other areas, as appropriate, to support the activities of the student, as well as school personnel. Assistive devices may be written into the child's IEP as part of the educational program.

NOTE: In-service training should address the administration of technology. A procedures manual outlining information on the use and maintenance of hearing aids, assistive devices, emergency equipment, and instructional technology could be a great value to school personnel.

The availability of special equipment such as TDDs and amplifiers ensures telephone access for children who are hearing-impaired and/or have hearing-impaired family members. It is suggested that at least one public and one school telephone in school buildings with any hearing-impaired personnel and/or students have a TDD and an amplification device. As appropriate, a child's IEP may include instruction in the use of TDDs.

Instructional Technology

The following are specific and important examples of current instructional technology:

- overhead projectors;
- captioned films and videotapes (a telecaption adapter or decoder is a piece of equipment attached to a television that can display closed captions encoded in television programs, cable television programs and video cassettes);
- closed circuit cable systems;
- television with telecaption adapter or decoder;
- VCRs with decoder equipment;
- electronic mail and bulletin boards;
- computer-assisted instruction (CAI) with or without video;
- computer software packages identified as appropriate for hearing-impaired children;
- state of the art speech training technology.

PROGRAMMING FOR HEARING-IMPAIRED STUDENTS

The unique communication and language needs of hearing-impaired children pose a special challenge for programming and determining the least restrictive environment (LRE). For hearing-impaired children, access to the most information, opportunities for the most incidental learning and opportunities for learning through peer interaction are important considerations. In all cases, the needs of the child should determine the characteristics of the program and the placement to ensure the goal of providing the most appropriate education.

PLACEMENT CONSIDERATIONS

General Considerations

The decision concerning program and placement of any hearing-impaired student should occur only after the development of an IEP. The placement decision should be based on the unique educational needs of the student as specified in the IEP and the requirement for placement in the least restrictive environment. An educational setting should integrate and educate rather than isolate a hearing-impaired student. In making placement decisions, the team should ensure that:

- information from a variety of sources is documented, carefully considered and utilized;
- placement decisions are made by a group of persons, including the parents, and persons knowledgeable about the child, the meaning of the evaluation data, and the placement options;
- maximum shared communication and language exists between hearing impaired and hearing peers;
- the hearing-impaired student has sufficient interaction skills to fully participate in the educational and social programming of the school;
- education and administrative personnel have the communication skills and information necessary to facilitate the presentation of instructional material and to dialogue with the child;
- teachers and peers understand the social and educational ramifications of hearing loss, so that a hearing-impaired student is not mistakenly perceived as being cognitively delayed or language disordered (i.e., teachers are aware of the learning style of a hearing-impaired student);
- qualified substitute teachers for hearing-impaired children are available (small programs often have difficulty locating substitute teachers).

Least Restrictive Environment (LRE)

Federal and state law requires that to the maximum extent appropriate, children with disabilities must be educated with their non-handicapped peers. In selecting the least restrictive placement, consideration should be given to the provision of services and the development of a supportive network which will enable the hearing-impaired student to succeed in the regular education placement.

Peer Interaction and Social Development Opportunities

A great deal of learning is unrelated to classroom teaching and the curriculum. Much information is learned by children from their peers, from interactions with instructional personnel, from adults in and out of the classroom, from student-partner arrangements, family members, etc.

An environment which offers meaningful peer interaction and social opportunities is particularly significant for the development of citizenship, leadership and interpersonal skills, and a strong self-image. For hearing-impaired children, a significant effort must be put forth to ensure that the environment maximizes development in these areas. In order to provide children with diverse and meaningful social interactions, the following should be considered:

- an educational environment in which the student fully participates in classroom and school discussions and activities;
- opportunities for the hearing-impaired student to demonstrate his/her strengths to classmates (i.e., coach peers in sign language, demonstrate a skill or hobby, provide tutoring to peers in an area of strength, etc.);
- a recognition of the importance of opportunities to enhance self-esteem and experience a sense of personal achievement; and
- opportunities for interaction between teacher and students and between students and students reflective of mutual respect and acceptance of individual differences.

Extracurricular activities (clubs, sports) are important to a child's social/emotional and cognitive development. Moreover, the law requires schools to provide extracurricular activities in a way which allows children with special needs an equal opportunity to participate in those activities. School districts should actively encourage and support participation of hearing-impaired students in this area. Among other things, interpreters and/or transportation may be required to guarantee hearing-impaired children the opportunity to participate equally with their hearing peers.

Like all children, hearing-impaired students need to develop a strong sense of personal identity. Part of this identity results from being part of a peer group in school, and in the community. Part comes from being a member of a family (with its own culture and values). A part develops from interacting with individuals with similar characteristics (i.e., sex, age, race, religion). Students who are hearing impaired may not have hearing-impaired peers in the public school. In this case, efforts could be made to involve the student in extracurricular activities with students from a school/program for the hearing impaired, or a club (such as a local "deaf club").

Every effort should be made to enable the hearing-impaired student to cultivate a wide range of friendships and peer relationships in school and the community.

Communication Philosophy

There are currently two distinct philosophies underlying the education of hearing-impaired students. The two primary philosophies, oral/aural and total communication, are both viable options. While their goals are the same, their strategies are different. In considering a program and communication philosophy, attention should be focused on a child's individual situation.

The oral/aural method is based on the philosophy that the way to learn spoken English and reading is to immerse the student in spoken language. Maximizing residual hearing is emphasized and support services may include transliterators, oral interpreters, notetakers, and assistive devices. Focus is on the use and development of spoken language through amplification of sound and speechreading. Writing and reading are also used; sign language and fingerspelling are not. Some programs might use cued speech.

Total communication utilizes multidimensional strategies which may or may not include a combination of a signed language and a spoken language. The child is exposed to all forms of language -- visual and auditory. Input is not limited to one form of language, and support services may include signed language interpreters and a peer group which communicates in sign language. Focus is on a combination of language modes, including child innovated gestural systems, sign language, fingerspelling, body movements, facial expressions, spoken language, amplification of sound, speechreading, cued speech and/or visual aids. Writing and reading are also used. Communication is based on the child's apparent preference. Some programs extend the philosophy to include the option of a bilingual/bicultural use of ASL and English.

Language and Communication Opportunities

Education happens through communicative interaction. Therefore, an environment where understandable conversational exchange takes place provides opportunities for natural language learning and the acquisition of literacy. The means for creating such an environment must be consistent with the communication philosophy and may include one or more of the following:

- assistive devices (i.e., audio loop, FM system);
- auditory training;
- speech and language therapy;
- fluent models of English, ASL and any other languages recognized by the school and community;
- qualified interpreters and transliterators (oral/English, sign languages/ASL, etc.);
- specialized materials (i.e., texts, computer programs);
- availability of sign language courses for hearing students, teachers, administrative and support personnel, parents, etc.

Curriculum

Hearing-impaired students need a rich and diverse curriculum commensurate with the curriculum offered their hearing peers. Since the lack of auditory input may impede experiential learning, special curricula and instructional strategies for hearing-impaired students may highlight the following:

- learning that integrates the classroom with the real world (i.e., learning by doing);
- acquisition of language and literacy skills;
- provision of general information about the world in which we live;
- social skill development;
- specialized pre-vocational, vocational and career education, as appropriate;
- deaf culture/history/literature;
- special content areas:
    - resources and organizations for the deaf and hard of hearing
    - technology
    - maintenance of hearing aids and assistive devices
    - how to access and use an interpreter/TDD/Relay Service
    - medical aspects of hearing loss
    - independent living skills, including coping socially as a hearing-impaired person in the hearing world.

Access to spoken language is an extremely difficult, labor intensive process for hearing-impaired children. For these children, access to visual information (i.e., sign language, speechreading, cued speech) facilitates optimal language development. It is also essential for most hearing-impaired children to have access to both auditory and visual information in a variety of forms in order to maximize their development in this area. While access to visual information is clearly essential for most hearing-impaired children, it also facilitates optimum language acquisition for many hearing children.

Personnel and In-Service Training

The provision of a quality education is directly related to the expertise of school personnel and the specialists advising them. In addition, the inclusion of hearing-impaired persons in professional roles will not only serve to enhance identity development in a hearing-impaired child, but will enable school personnel and students to learn about hearing-impaired individuals. To ensure successful integration of children in the regular classroom setting, qualified interpreters (oral/English, signed languages/ASL, etc.) and transliterators may be required.

In-service training for all personnel (especially for those professionals in regular education settings) should underscore the necessity of understanding the educational and social ramification of hearing loss. (See the section on in-service training.)

PLANNING FOR TRANSITION

In general, many young adults with disabilities have difficulty making a successful transition from school to higher education or work. This is compounded for the hearing-impaired individual by a lack of strong linguistic and communication skills, and the ability to "read" another person's body language correctly. Many of these students stay at home well into their 20's, supported by their families, trying one short-term job after another. Some spend many lonely hours at home with nothing to do. They are often depressed, and tend to have no sense of what work might be meaningful for them, or even how to search for employment. Often, families do not know how to help them. A poll taken by Louis Harris in 1986 estimates that two-thirds of the population of young adults with disabilities are unemployed. For many of these young adults, supportive community services are not available because of a lack of funds and long waiting lists.

Parents, school personnel and students who plan "early and often" have a greater chance for successful transition upon leaving school. The key is **early planning.** Every hearing-impaired student should receive a comprehensive vocational evaluation by qualified vocational education personnel. When necessary, appropriate adaptations, special aides and assistance, and interpreters must be incorporated in the assessments. When administered and interpreted effectively, vocational evaluation provides constructive and positive feedback about the individual's vocational interests, abilities and learning style. The evaluation should be a multidisciplinary one, involving a variety of professionals working together. At a minimum, the vocational evaluation should include:

- personal interview and behavioral observation;
- work samples and hands on activities using the same materials, tools and tasks found in the real work setting;
- psychometric tests measuring the student's aptitude, interests, manual skills, cognitive skills, interpersonal skills, perceptual skills, social adjustment, and academic achievement;
- situational assessment, which simulates actual work conditions to assess work aptitudes and behaviors;
- review of previous work and volunteer experiences.

The results of the vocational evaluation should be discussed with the student, parents, and team members. As appropriate, a vocational education component should be developed and incorporated into the student's IEP. The IEP should include:

- functional goals and objectives;
- all modifications to equipment and curriculum;

- career counseling by trained individuals;
- task analysis and opportunities to try different jobs;
- self-advocacy to enable the hearing-impaired student to stand up for his/her rights and make his/her wishes and needs known to teachers, employers and others;
- independent living skills;
- interpersonal skills to enable the hearing-impaired student to get along with co-workers.

Also included in the student's IEP should be a transition plan, which outlines the steps to be taken and the services to be provided to aid the student in transitioning from school to higher education, a vocational program, or work. Transition planning should begin no later than when the student enters high school.

Some college-bound students with severe hearing impairments may choose to attend Gallaudet University, or the National Technical Institute for the Deaf (at Rochester Institute of Technology), which are specifically geared to the needs of this population. Others may choose to attend a different college or university. Students and their parents should visit the campuses of interest to get a "feel" for the school, determine what support services the school offers to hearing-impaired individuals, and meet some of the faculty and students.

Students with hearing impairments who choose to attend a college or university need to consider:

- the location and size of the school;
- program of study;
- academic difficulty;
- requirements;
- support services.

High school guidance counselors can assist the hearing-impaired student in preparing to visit (and evaluate) the colleges he/she may be interested in attending. The guidance counselor should have an idea of what services are available through the programs, and what to ask for. He/she can work with the hearing-impaired student to prepare a checklist for the visit. Each visit should include:

- a tour of the academic facilities and college library;
- a tour of the living quarters, to determine if they are safe and accessible for hearing-impaired students;
- a meeting with the Dean of Students and Coordinator of Special Services;
- a meeting with some of the faculty;
- an opportunity to meet with some of the students on campus (including hearing-impaired students);
- a meeting with the Financial Aid Officer and Work Study Supervisor.

When applying to a college or university, the hearing-impaired student should inform the administration and faculty of his/her needs, so that the school can plan for and provide the necessary services when the student enters college. The college or university should be able to provide at least the following services (based on the individual needs of the student):

- interpreters
- notetakers
- assistive devices
- tutors
- adapted living quarters
- in-service training for staff
- modifications to tests
- referral to community resources and public agencies (i.e., vocational rehabilitation, audiologists, peer support groups)
- TDDs
- technology utilized by the hearing impaired
- other modifications which may be necessary to enable the hearing-impaired student to participate in the educational program.

Teachers, guidance counselors, support staff and parents can aid the student in making a smooth transition from high school to further education or work. Parental participation in the planning process can be critical to the success of the student. Parents can be effectively utilized to assist their son or daughter in the transition process as:

- advisors
- advocates for career education in school programs
- providers of information
- role models
- case managers
- program advocates
- job developers
- job coaches
- risk takers
- financial planners.

PERSONNEL WORKING WITH HEARING-IMPAIRED CHILDREN

The quality of education for hearing-impaired children depends upon the specialized skills and training of a variety of personnel.

In todays schools, regular education teachers are being asked to teach students they may not be adequately prepared to serve. It is surprising that many educators do as well as they do, and it is a tribute to their teaching skills and concern for children. How much more effective they could be, however, with adequate training (pre and in-service) and with the help of support personnel specially trained to work with hearing-impaired children. The classroom teacher needs to reassess and modify his/her role and traditional practices. The teacher needs to understand about hearing loss and its effects on learning, amplification, classroom acoustics, how to work effectively with interpreters and support staff, etc.

Teacher preparation programs will have to change to accommodate the different students now entering the regular education classroom. Teachers will need more exposure to the exceptional child and the impact of disabilities on learning. They will need to be flexible. They will need to be able to analyze tasks and break them down into manageable steps. They will need to know how to modify their classroom and lesson plans to accommodate the needs of the various students. Most importantly, the teacher needs to know how to set a positive tone for the entire class.

Teacher preparation programs can utilize the knowledge and skills of teachers of the deaf. With the movement away from providing traditional educational services in residential schools for the deaf, these programs are in a position to act as "resource centers". Residential schools have actively participated in the training of new teachers and have been fertile ground in which research in the education of the hearing impaired has flourished (Salem & Fell, 1988; Salem & Herward, 1978).

An environment which provides comprehensive communication is a tremendous benefit linguistically, academically and socially for these children. In addition to knowledge and training in their respective professions, all personnel who work with hearing-impaired children should understand the complex consequences of hearing loss. Prior to receiving a hearing-impaired student, all staff should be provided with training to inform them of the special needs of hearing-impaired students, effective communication techniques, use of support personnel, etc. If the students will be using sign language or cued speech, the staff should be provided with training in that method. Educational interpreters, teachers of hearing-impaired students, speech and language pathologists, audiologists, counselors, tutors and other primary personnel providing services to children whose mode of communication is sign language/cued speech should be fluent in that method. Fluent and quality sign language for personnel who teach signing hearing-impaired children is as critical as fluent, quality spoken English for personnel who teach oral hearing-impaired students.

The following section, addresses the desired requisite knowledge and competencies for primary and ancillary/support personnel who are working with hearing-impaired students. Specific skills relative to such factors as individual child characteristics, age and stage of development and school setting (i.e., regular education classroom) have not been included with the understanding that principals and administrators are in a position to determine necessary requisites prior to appointment. In determining the requisite skills for a position, every effort should be made to match job responsibilities with those competencies which are directly related to the person's capacity to perform the job effectively. It should be noted that the list that follows outlines the competencies necessary to create a well-balanced faculty. However, in and of itself it cannot be perceived as required for a single position. For example, a school counselor or social worker may not need the sophisticated communication skills that would be critical for instructional staff. The knowledge, skills and prerequisites needed to work with oral/aural students would be different than those needed to work with students who use total communication. Personnel may also need to upgrade their skills in the areas of assessment, IEP development, curriculum and instructional strategies. (See also the section on in-service training for personnel.)

Regular Education Teacher

Regular education teachers who are working with hearing-impaired students should be able to demonstrate the following competencies:

- knowledge of effective teaching strategies;
- effective interpersonal and communication skills;
- knowledge of the principles of child growth and development with an emphasis on age-appropriate expectations;
- ability to implement classroom management techniques;
- knowledge in the subject area being taught;
- general awareness of disabilities;
- commitment to integration of students with disabilities;
- ability to adapt the physical environment(s) to meet the needs of individual students;
- understanding of the technological supports that enhance learning (i.e., computers, calculators, audio/visual equipment, etc.);
- ability to adapt teaching style to meet the needs of the hearing-impaired student;
- ability to communicate his/her expectations for the student (to the student, parents, other staff);
- understanding of the process of language development;
- ability to modify communication style based on the individual student needs;
- ability to prepare written materials which supplement the class being taught;
- ability to access and use visual materials in presenting lessons;
- sensitivity to the (age-appropriate) social and emotional needs of the student;
- ability to utilize a variety of techniques to check the student's comprehension;
- ability to understand/adapt to particular speech patterns used by hearing-impaired children;
- ability to utilize/interpret situational cues, body language and posture;
- ability to recognize child innovated gestural systems;
- ability to function as a member of the team responsible for developing the student's IEP;
- ability to assess the student's academic skills in given area of expertise;
- ability to develop individualized objectives (based on assessment) to be incorporated into the IEP;
- ability to implement objectives outlined in the IEP;
- ability to utilize resources for the implementation of the educational program for children from multilingual or multicultural families;

Regular education teacher (continued)

- ability to individualize curricula;
- awareness of the latest research findings in education;
- ability to access technical assistance and supportive services provided by the school;
- ability to effectively utilize support staff;
- willingness to work with the student's family;
- willingness to work with personnel outside of the school (i.e., private speech therapist, behaviorist, counselor, etc.);
- ability to communicate with the student;
- knowledge of education rules, regulations, procedures within the district;
- ability to ensure own professional growth through staff development, continuing education, training, re-certification and membership in professional organizations.

NOTE: Prior to receiving a hearing-impaired student in his/her classroom, the regular education teacher should receive **at a minimum:**

- information about the child, including his/her needs, strengths, learning style, current IEP, etc.;
- information about hearing impairments;
- information about the communication mode of the child (i.e., speechreading, sign language, cued speech);
- training in the appropriate use of educational interpreters, if appropriate;
- training in seating considerations, amplification, optimal voicing, and lipreading;
- training in sign language or cued speech, as appropriate to the needs of the student and teacher;
- information about local, state and federal resources for the teacher, student and family;
- roles and responsibilities of support staff;
- sensitivity training (as necessary and appropriate).

Teacher of Hearing-Impaired Students

Teachers of hearing-impaired students should demonstrate the following competencies:

- effective interpersonal and communication skills;
- sign language/cued speech skills at a level well beyond that of the students using these communication methods;
- an understanding of the principles of child growth and development with emphasis on age-appropriate expectations;
- an understanding of the impact of hearing loss on socio-cultural, linguistic and educational development;
- an understanding of the purpose and function of hearing aids and assistive devices;
- knowledge of auditory training procedures and strategies;
- knowledge of appropriate amplification for individual students and ability to monitor amplification on a regular basis;
- an ability to "trouble shoot" and make minor (non-technical) adjustments to hearing aids and amplification/assistive devices;
- an understanding of the technological supports that enhance the education of hearing-impaired children (i.e., assistive devices, computers, etc.);
- ability to utilize audiological information to plan or modify students' programs;
- knowledge and use of curricula designed specifically for hearing-impaired students;
- ability to analyze receptive and expressive language/communication skills;
- ability to adapt the physical environment(s) to meet the child's auditory/visual needs;
- an understanding of the local/state/national resources available to assist hearing-impaired children and their families;
- an understanding of the process of language development;
- an understanding of the process of speech production;
- knowledge of language use (pragmatics, functional and social application of language);
- knowledge of morphological, semantic, syntactic and phonological development;
- ability to modify communication style based on individual student needs;
- ability to utilize a variety of techniques to check a student's comprehension;
- ability to understand/adapt to particular speech patterns used by hearing-impaired children;
- knowledge of techniques for facilitating the development of speech and spoken language including, but not limited to, speechreading, aural techniques, cued speech, etc.;
- ability to utilize/interpret situational cues, body language and posture;
- ability to recognize child innovated gestural systems;

Teacher of Hearing-Impaired Students (continued)

- knowledge of aural (re)habilitation;
- knowledge of and fluency in sign language;
- understanding of naturally evolved varieties of signing which include features of both English and sign language;
- ability to function as a member of the team responsible for the development of a child's IEP;
- ability to develop individualized objectives (based on assessment) to be incorporated into the IEP;
- ability to implement objectives outlined in the IEP;
- ability to provide technical assistance and support to parents and school personnel, as appropriate;
- ability to utilize resources for the implementation of the educational program for children from multilingual or multicultural families;
- ability to communicate with hearing-impaired children in their primary language or preferred communication mode;
- ability to assess the academic, speech and language and social skills of hearing-impaired children;
- ability to develop comprehensive strategies to implement the curriculum;
- understanding of audiological assessment and its application in designing and implementing programming;
- ability to work cooperatively to plan and implement education/communication/language programs;
- ability to provide consultation and/or technical assistance to regular education teacher;
- ability to train school personnel regarding the role of the interpreter;
- knowledge of bilingual/bicultural approaches to the education of hearing-impaired children;
- awareness of other disabilities;
- ability to provide case management;
- an understanding of good teaching techniques;
- an awareness of the latest research findings;
- ability to ensure own professional growth through staff development, continuing education, training, re-certification and membership in professional organizations.

NOTE: When a hearing-impaired child is in a regular education program, the teacher of the hearing-impaired may function as a team teacher, co-teacher, itinerant teacher or consulting teacher. His/her role would be to assist both the teacher and the student (as outlined in the student's IEP).

Educational Interpreter

Educational interpreters should demonstrate the following competencies:

- sign language/cued speech skills at a level well beyond that of the students using these communication methods;
- knowledge of the principles of child growth and development with emphasis on age-appropriate expectations;
- understanding of the impact of hearing loss on socio-cultural, linguistic and educational development;
- understanding of the purpose and function of hearing aids and assistive devices;
- knowledge of deaf culture,
- knowledge of, and ability to utilize technological advances and supports that enhance the education of hearing-impaired children (i.e., assistive devices, computers, etc.);
- ability to adapt the physical environment(s) to meet the student's auditory/visual needs;
- knowledge of local/state/national resources for hearing-impaired children and their families;
- knowledge of language development;
- knowledge of speech production;
- knowledge of language use (pragmatics, functional and social application of language);
- ability to modify communicative style based on individual student needs;
- ability to utilize a variety of techniques to check a student's comprehension;
- ability to understand/adapt to particular speech patterns used by hearing-impaired children;
- knowledge of techniques for facilitating the development of speech and spoken language including, but not limited to speechreading, aural techniques, cued speech, etc.;
- ability to utilize/interpret situational cues, body language and posture;
- ability to recognize child innovated gestural systems;
- understanding of naturally evolved varieties of signing which include features of both English and sign language;
- ability to function as a member of the team responsible for the development of a child's IEP;
- ability to assess the student's interpretive needs and translate those needs to the IEP;
- ability to implement objectives as outlined in the IEP;
- ability to provide technical assistance and support to parents and school personnel, as appropriate;
- ability to utilize resources essential for implementation of the educational program for children from multilingual/multicultural families;

- ability to provide interpreting/transliterating services in all educational settings (i.e., classrooms, counseling sessions, etc.) using the mode of communication determined at the team meeting;
- ability to work/confer with teacher(s), tutor and student to assure appropriate interpretation into signed language of new concepts or specialized English vocabulary for interpreting/transliterating assignments;
- familiarity with the student's language in order to assure appropriate interpretation/transliteration;
- ability to articulate the role of the interpreter to students and school personnel;
- adaptability to physical setting to assure effective communication;
- knowledge of applicable state/federal laws/regulations;
- respect for the student's right to privacy;
- ability to ensure own professional growth through staff development, continuing education, training, re-certification, and membership in professional organizations.

Speech and Language Pathologist

Speech and language pathologists working with hearing-impaired students should be able to demonstrate the following competencies:

- effective interpersonal and communication skills;
- knowledge of the principles of child growth and development, with an emphasis on age-appropriate expectations;
- understanding of the impact of hearing loss on socio-cultural, linguistic and educational development;
- understanding of the purpose and function of hearing aids and assistive devices;
- knowledge of technological advances and supports that enhance the education of hearing-impaired children (i.e., assistive devices, computers, etc.);
- ability to adapt the physical environment(s) to meet the auditory/visual needs of the student;
- knowledge of local/state/national resources available for hearing-impaired children and their families;
- knowledge of language development;
- knowledge of speech production;
- knowledge of language use (pragmatics, functional and social application of language);
- knowledge of morphological, semantic, syntactic and phonological development;
- ability to modify communicative style based on individual student needs;
- ability to utilize a variety of techniques to check a student's comprehension;
- ability to understand/adapt to particular speech patterns used by hearing-impaired children;
- knowledge of techniques for facilitating the development of speech and spoken language including, but not limited to speechreading, aural techniques, cued speech, etc.;
- ability to utilize/interpret situational cues, body language and posture;
- ability to recognize child innovated gestural systems;
- knowledge of aural (re)habilitation;
- knowledge of and fluency in sign language;
- understanding of naturally evolved varieties of signing which include features of both English and sign language;
- ability to function as a member of the team responsible for the development of a child's IEP;
- ability to assess the child's skills in a given area of expertise;
- ability to develop individualized objectives (based on assessment) to be incorporated into the student's IEP;
- ability to implement objectives as outlined in the IEP;

Speech and Language Pathologist (continued)

- knowledge of ESL techniques;
- awareness of the non-audiological implications of hearing impairment;
- ability to provide technical assistance and support to parents and school personnel, as appropriate;
- ability to utilize resources essential for the implementation of educational programs for children from multilingual/multicultural families;
- ability to assess language skills including pre-requisites for language development;
- ability to communicate with hearing-impaired children in their primary language or preferred communication mode;
- ability to train school personnel in the proper use of interpreters and the use of alternate methods to communicate the curriculum (i.e., print, visuals, etc.);
- ability to provide training to school personnel in sign language/other language (if used by the student);
- ability to interpret audiological assessments/ recommendations in order to design and implement a program of services for the student;
- knowledge of the use of technological devices to support speech/language development;
- ability to provide consultation on issues of communication/language development and use of amplification systems;
- knowledge of state/federal laws and regulations;
- awareness of the latest research findings;
- ability to provide technical assistance to other staff;
- ability to provide case management;
- understanding of child management techniques;
- commitment to integration;
- willingness to work closely with the family and other educational/support staff;
- ability to ensure own professional growth through staff development, continuing education, training, re-certification, and membership in professional organizations (including ASHA).

ANCILLARY/SUPPORT/CONSULTING PERSONNEL

Psychologist

Psychologists should demonstrate the following competencies:

- effective interpersonal and communication skills;
- ability to write clear, concise reports;
- knowledge of the principles of child growth and development with emphasis on age-appropriate expectations;
- understanding of the impact of hearing loss on socio-cultural, linguistic and educational development;
- knowledge of language and language development;
- knowledge of language use (pragmatics, functional and social application of language);
- ability to modify communicative style based on individual student needs;
- ability to utilize a variety of techniques to check student's comprehension;
- ability to understand/adapt to particular speech patterns used by hearing-impaired children;
- knowledge of techniques for facilitating the development of speech and spoken language including, but not limited to speechreading, aural techniques, cued speech, etc.;
- ability to utilize/interpret situational cues, body language and posture;
- ability to recognize child innovated gestural systems;
- ability to function as a member of the team responsible for evaluation and/or development of a child's IEP;
- knowledge of assessment tools appropriate for hearing-impaired students;
- ability to select, administer and interpret verbal and non-verbal assessments, as appropriate;
- ability to assess hearing-impaired children in the areas of cognitive/intellectual, psychosocial and independent living skills;
- ability to translate assessment information into statement of student's strengths and needs;
- ability to develop individualized objectives (based on assessment) to be incorporated into the IEP;
- ability to provide the student and family with therapy, as needed and appropriate;
- training/background in deafness and multicultural counseling;
- ability to supervise/consult with school counselors;
- awareness of other disabilities;
- knowledge of local/state/national resources for hearing-impaired children and their families;
- awareness of social/emotional implications of hearing loss;

Psychologist (continued)

- signing/cued speech proficiency and/or ability to use an interpreter reliably in psychological testing;
- realistic expectations for hearing-impaired children;
- knowledge of federal/state laws and regulations;
- ability to ensure own professional growth through staff development, continuing education, training, re-certification, and membership in professional organizations.

Audiologist

Audiologists should demonstrate the following competencies:

- effective interpersonal and communication skills;
- understanding of the impact of hearing loss on a child's sociocultural, linguistic and educational development;
- understanding of the purpose and function of hearing aids and assistive devices;
- knowledge of technological advances and supports that enhance the education of hearing-impaired children (i.e., assistive devices, computers, etc.);
- ability to adapt the physical environment(s) to meet the child's auditory/visual needs;
- ability to modify communicative style based on individual child/family needs;
- ability to function as a member of the team responsible for the evaluation and/or development of a child's IEP;
- knowledge of various audiological assessment techniques;
- knowledge of current amplification equipment and testing instruments and their maintenance;
- ability to assess the child's skill(s) in given area of expertise;
- ability to develop individualized objectives (based on assessment) to be incorporated into the IEP;
- ability to conduct audiological evaluations;
- ability to develop clear written reports;
- ability to evaluate and monitor (or assign the monitoring of) hearing aids and educational amplification systems;
- ability to coordinate aural (re)habilitation;
- ability to oversee hearing conservation programs;
- ability to work effectively with parents;
- knowledge of a wide range of diagnostic assessments;
- ability to conduct case history and other data collection;
- ability to communicate with hearing-impaired children in their primary language or preferred communication mode;
- awareness of non-audiological implications of hearing loss;
- commitment to aural (re)habilitation;
- knowledge of federal/state laws and requirements;
- ability to ensure own professional growth through staff development, continuing education, training, re-certification, and membership in professional organizations (including ASHA).

Resource Room Teacher

Resource room teachers should demonstrate the following competencies:

- effective interpersonal and communication skills;
- knowledge of the principles of child growth and development with emphasis on age-appropriate expectations;
- knowledge of various handicapping conditions;
- knowledge of the impact of hearing loss on sociocultural, linguistic and educational development;
- understanding of the purpose and function of hearing aids and assistive devices;
- understanding of technological advances and supports that enhance the education of hearing-impaired children (i.e., assistive devices, computers, etc.);
- ability to adapt the physical environment(s) to meet the child's auditory/visual needs;
- knowledge of local/state/national resources for hearing-impaired children and their families;
- knowledge of language development;
- knowledge of speech production;
- knowledge of language use (pragmatics, functional and social application of language);
- ability to modify communicative style based on individual student needs;
- ability to utilize a variety of techniques to check a student's comprehension;
- ability to understand/adapt to particular speech patterns used by hearing-impaired children;
- knowledge of techniques for facilitating the development of speech and spoken language including, but not limited to speechreading, aural techniques, cued speech, etc.;
- ability to utilize/interpret situational cues, body language and posture;
- ability to recognize child innovated gestural systems;
- ability to develop individualized objectives (based on assessment) to be incorporated into the IEP;
- ability to implement objectives as outlined in the IEP;
- ability to provide technical assistance and support to parents and school personnel, as appropriate;
- ability to utilize resources essential for implementation of the educational program for children from multilingual/multicultural families;
- knowledge of subject area(s);
- ability to provide teaching support to regular education teachers;
- ability to ensure own professional growth through staff development, continuing education, training, re-certification, and membership in professional organizations.

Teacher Assistant/Teacher's Aide

Teacher assistants/teacher's aides should demonstrate the following competencies:

- effective interpersonal and communication skills;
- understanding of the principles of child growth and development with emphasis on age-appropriate expectations;
- familiarity with various handicapping conditions;
- understanding of the impact of hearing loss on socio-cultural, linguistic and educational development;
- understanding of the purpose and function of hearing aids and assistive devices;
- ability to monitor auditory trainers, hearing aids, and accessories;
- ability to make adaptations of the physical environment(s) to meet the child's auditory/visual needs;
- ability to modify communicative style based on individual student needs;
- ability to utilize a variety of techniques to check a student's comprehension;
- ability to understand/adapt to particular speech patterns used by hearing-impaired children;
- knowledge of techniques for facilitating the development of speech and spoken language including, but not limited to speechreading, aural techniques, cued speech, etc.;
- ability to utilize/interpret situational cues, body language and posture;
- ability to recognize child innovated gestural systems;
- ability to utilize resources essential for implementation of the educational program for children from multilingual/multicultural families;
- ability to provide instruction under supervision of classroom teacher;
- ability to ensure own professional growth through staff development, continuing education and training.

Educational Tutors

Educational tutors should demonstrate the following competencies:

- effective interpersonal and communication skills;
- understanding of the principles of child growth and development with emphasis on age-appropriate expectations;
- knowledge in the specific subject area at student's grade level;
- knowledge of age-appropriate materials in the subject area;
- fluency in the communication mode of the child or ability to use an interpreter reliably;
- knowledge and experience tutoring children;
- ability to ensure own professional growth through staff development, continuing education and training.

Counselor

Counselors should demonstrate the following competencies:

- effective interpersonal and communication skills;
- proficiency in the student's method of communication or ability to use an interpreter reliably;
- ability to function as a member of the team responsible for the development of a student's IEP;
- ability to assess the student's skill(s) in given area of expertise, as appropriate;
- ability to develop individualized objectives (based on assessment) to be incorporated into the IEP;
- ability to implement objectives as outlined in the IEP;
- ability to provide technical assistance and support to the student, parents and school personnel, as appropriate;
- ability to utilize resources essential for implementation of the educational program for students from multilingual/ multicultural families;
- ability to assess the student's psychosocial development, as appropriate;
- ability to provide group and individual counseling to hearing-impaired students, as appropriate;
- ability to provide information and counseling in specific areas to families, as appropriate;
- ability to serve as a liaison between parents and other professionals;
- ability to coordinate with families and staff to obtain needed services, resources and supports for parents and students;
- knowledge of deaf culture, history, art, literature;
- awareness of emotional implications of hearing loss;
- knowledge of the communication mode of the student;
- knowledge of appropriate assessments and techniques for specific populations;
- realistic expectations for hearing-impaired individuals;
- knowledge of federal/state laws and regulations;
- knowledge of local/state/national resources for hearing-impaired students and their families;
- ability to write clear, concise reports;
- knowledge of cultural differences;
- ability to ensure own professional growth through staff development, continuing education, training, re-certification, and membership in professional organizations.

Vocational and Career Counselor

Vocational and career counselors should demonstrate the following competencies:

- effective interpersonal and communication skills;
- knowledge of the principles of child growth and development with emphasis on age-appropriate expectations;
- knowledge of the impact of hearing loss on sociocultural, linguistic and educational development;
- understanding of the purpose and function of hearing aids and assistive devices;
- understanding of technological advances and supports that enhance the education of hearing-impaired students (i.e., assistive devices, computers, etc.);
- ability to adapt the physical environment(s) to meet the student's auditory/visual needs;
- knowledge of local/state/national resources for hearing-impaired students and their families;
- knowledge of language use (pragmatics, functional and social application of language);
- ability to modify communicative style based on individual student needs;
- ability to utilize a variety of techniques to check a student's comprehension;
- ability to understand/adapt to particular speech patterns used by hearing-impaired individuals;
- ability to utilize/interpret situational cues, body language and posture;
- ability to recognize student innovated gestural systems;
- ability to assess the student's skill(s) in given area of expertise, as appropriate;
- ability to develop individualized objectives (based on assessment) to be incorporated into the IEP;
- ability to implement objectives as outlined in the IEP;
- ability to provide technical assistance and support to students, parents and school personnel, as appropriate;
- ability to utilize resources essential for implementation of the educational program for students from multilingual/multicultural families;
- ability to provide group and individual career counseling;
- knowledge of appropriate vocational assessments for hearing-impaired students;
- ability to administer and interpret vocational assessments;
- knowledge of career and vocational opportunities;
- knowledge of support services provided by post-secondary institutions for hearing-impaired students;
- ability to counsel hearing-impaired students on college, career and vocational opportunities;
- ability to develop and adapt curricula (including reality-based curricula) to integrate vocational skills;
- ability to act as liaison between the business community and the school;

Vocational counselor (continued)

- proficiency in the student's method of communication or ability to use an interpreter reliably;
- ability to ensure own professional growth through staff development, continuing education, training, re-certification, and membership in professional organizations.

NOTE: These services should be determined according to a student's chronological/developmental age. In some programs, the above mentioned responsibilities may be assumed by other personnel or assigned to a consultant (i.e., rehabilitation counselor).

Special Education Director

The Special Education Director or person involved in the coordination and supervision of special education and related service personnel should demonstrate the following competencies;

- knowledge of the principles of child growth and development with emphasis on age-appropriate expectations;
- knowledge of handicapping conditions and their possible effect on education;
- understanding of the impact of hearing loss on socio-cultural, linguistic and educational development;
- understanding of the purpose and function of hearing aids and assistive devices;
- knowledge of technological advances and supports that enhance the education of hearing-impaired children (i.e., assistive devices, computers, etc.);
- ability to make adaptations to the physical environment(s) to meet auditory/visual needs;
- knowledge of local/state/ national resources for hearing-impaired children and their families;
- ability to modify communicative style based on individual student needs;
- ability to utilize a variety of techniques to check a student's comprehension;
- ability to understand/adapt to particular speech patterns used by hearing-impaired children;
- knowledge of techniques for facilitating the development of speech and spoken language including, but not limited to speechreading, aural techniques, cued speech, etc.;
- ability to utilize/interpret situational cues, body language and posture;
- ability to recognize child innovated gestural systems;
- knowledge of aural (re)habilitation and sign language;
- willingness to learn sign language/cued speech to facilitate communication with hearing-impaired students;
- ability to participate as a member of the team responsible for the development of a child's IEP, if appropriate;
- ability to provide technical assistance and support to parents and school personnel, as appropriate;
- knowledge of resources essential for implementation of the educational program for children from multilingual/ multicultural families;
- ability to communicate effectively with school personnel, parents and students;
- background in special education;
- commitment to integration;
- knowledge of education/special education laws and regulations;
- ability to ensure own professional growth through staff development, continuing education, training and membership in professional organizations.

Occupational Therapist

Occupational therapists should demonstrate the following competencies:

- effective interpersonal and communication skills;
- understanding of the principles of child growth and development with emphasis on age-appropriate expectations;
- ability to function as a member of the team responsible for the development of a child's IEP;
- ability to assess the child's skill(s) in given area of expertise, as appropriate;
- ability to develop individualized objectives (based on assessment) to be incorporated into the IEP;
- ability to implement objectives as outlined in the IEP;
- ability to provide technical assistance and support to parents and school personnel, as appropriate;
- ability to utilize resources essential for implementation of the educational program for children from multilingual/multicultural families;
- ability to assess hearing-impaired children's fine motor skills;
- ability to provide individual and/or group instruction as outlined in the IEP;
- ability to develop activities to be carried out by other teachers or professional staff;
- ability to write clear, concise reports;
- willingness to learn sign language/cued speech to facilitate communication with hearing-impaired students;
- ability to ensure own professional growth through staff development, continuing education, training, re-certification and membership in professional organizations.

Physical Therapist

Physical therapists should demonstrate the following competencies:

- effective interpersonal and communication skills;
- knowledge of the principles of child growth and development with emphasis on age-appropriate expectations;
- ability to function as a member of the team responsible for the development of a child's IEP;
- ability to assess the child's skill(s) in given area of expertise, as appropriate;
- ability to develop individualized objectives (based on assessment) to be incorporated into the IEP;
- ability to implement objectives as outlined in the IEP;
- ability to provide technical assistance and support to parents and school personnel, as appropriate:
- ability to utilize resources essential for implementation of the educational program for children from multilingual/ multicultural families;
- ability to assess children's gross motor skills;
  ability to write clear, concise reports;
- ability to provide physical therapy per physician's prescription as outlined in the IEP;
- willingness to learn sign language/cued speech to facilitate communication with hearing-impaired students;
- knowledge of state/federal laws and regulations;
- ability to ensure own professional growth through staff development, continuing education, training, re-certification, and membership in professional organizations.

Social Worker

Social workers should demonstrate the following competencies:

- effective interpersonal and communication skills;
- ability to function as a member of the team responsible for the development of a child's IFSP or IEP;
- ability to develop and implement individualized objectives (based on assessment) to be incorporated into the IEP, as appropriate;
- ability to provide technical assistance and support to students, parents and school personnel, as appropriate;
- ability to utilize resources essential for implementation of the educational program for children from multilingual/ multicultural families;
- ability to conduct home assessment/family history;
- knowledge of and respect for various family systems;
- ability to work with families and staff in obtaining needed services, resources and supports for parents and children;
- ability to serve as a liaison between parents and other professionals;
- ability to involve parents in their child's educational program;
- ability to coordinate and develop community resources for children, families and school personnel;
- ability to act as a child advocate;
- knowledge of state/federal laws and regulations;
- knowledge of local/state service delivery systems;
- knowledge of local/state/national resources for hearing-impaired children and their families;
- ability to modify communication style based on individual student needs;
- respect for the family's right to privacy;
- ability to support and strengthen the family;
- willingness to learn sign language/cued speech in order to facilitate communication with hearing-impaired students and/or their families;
- ability to ensure own professional growth through staff development, continuing education, training, and membership in professional organizations.

Nurse

School nurses should demonstrate the following competencies:

- effective interpersonal and communication skills;
- knowledge of the principles of child growth and development with emphasis on age-appropriate expectations;
- knowledge of technological advances and supports that enhance the education of hearing-impaired children (i.e., assistive devices, computers, etc.);
- knowledge of handicapping conditions;
- knowledge of the physiology of hearing loss;
- ability to adapt the physical environment(s) to meet the child's auditory/visual needs;
- knowledge of local/state/national resources for hearing-impaired children and their families;
- contacts with community physicians involved with hearing-impaired students;
- ability to provide clinical/medical information to the team;
- ability to review health assessments and contribute relevant school health information;
- ability to oversee/coordinate hearing and vision screening programs;
- ability to communicate with parents on medically related issues;
- ability to monitor medication taken by children in school;
- ability to monitor annual health examinations;
- ability to provide first-aid to children and staff, as necessary and appropriate;
- willingness to learn sign language/cued speech to facilitate communication with hearing-impaired students;
- ability to ensure own professional growth through staff development, continuing education, training, re-certification, and membership in professional organizations.

Parent Educator

Parent educators should demonstrate the following competencies:

- effective interpersonal and communication skills;
- knowledge of child growth and development with emphasis on age-appropriate expectations;
- understanding of the impact of hearing loss on socio-cultural, linguistic and educational development;
- knowledge of the purpose and function of hearing aids and assistive devices;
- knowledge of technological advances and supports that enhance the education of hearing-impaired children (i.e., assistive devices, computers, etc.);
- ability to adapt the physical environment(s) to meet the individual's auditory/visual needs;
- knowledge of local/state/national resources for hearing-impaired children and their families;
- knowledge of various handicapping conditions;
- ability to modify communicative style based on individual needs;
- knowledge of techniques for facilitating the development of speech and spoken language including, but not limited to speechreading, aural techniques, cued speech, etc.;
- ability to utilize/interpret situational cues, body language and posture;
- ability to develop individualized objectives (for the family) to be incorporated into the IEP;
- ability to provide technical assistance and support to parents and school personnel, as appropriate;
- ability to utilize resources essential for implementation of the educational program for children from multilingual/multicultural families;
- ability to develop and implement a program for parents that includes information, opportunities for peer support, interaction with hearing-impaired individuals, sign language classes and information on community resources;
- ability to prepare parent information and training material aimed at various reading levels;
- respect for the family's right to privacy;
- ability to ensure own professional growth through staff development, continuing education and training.

Case Manager

Case managers should demonstrate the following competencies:

- effective interpersonal and communication skills;
- ability to act as an advocate for the child and family;
- commitment to integration;
- knowledge of federal/state laws and regulations;
- knowledge of the local and state service delivery systems;
- ability to function as a member of the team responsible for developing the child's IFSP/IEP.
- knowledge of local/state/national resources for hearing-impaired children and their families;
- ability to modify communicative style based on individual student/family needs;
- ability to act as on-site facilitator;
- respect for the family's right to privacy;
- understanding of confidentiality requirements;
- ability to support and strengthen the family;
- ability to coordinate multiple agencies;
- ability to perform multiple roles;
- understanding of the resources essential for the implementation of educational programs for multilingual/multiclultural families;
- ability to communicate with the child and family in their native language or method of communication;
- ability to act as liaison between the family and other staff;
- ability to ensure own professional growth through staff development, continuing education, and training.

IN-SERVICE TRAINING FOR SCHOOL PERSONNEL, PARENTS, STUDENTS

As we continue to serve more hearing-impaired children in the regular educational environment, we must look closely at the needs of the teachers and other professional staff who will be working with them. In order to provide children who are hearing impaired with appropriate services, persons who are involved with their education should be given the opportunity to develop appropriate knowledge and skills within a supportive environment. In-service training is, therefore, an important staff development activity which can broaden the perspectives of professional staff, while presenting innovative instructional practices for classroom application. Identifying educationally pertinent issues which arise when interacting with hearing-impaired children can promote positive attitudes that result in an enriched school environment. Additionally, presenting practical applications of current research findings can further enhance the quality of education for hearing-impaired students.

IN-SERVICE TRAINING FOR SCHOOL PERSONNEL

Effective in-service training should be offered to any person who interacts with a hearing-impaired student. Such personnel may include regular and special education teachers, principals and special education administrators, related service personnel, support personnel (i.e., secretaries, bus drivers, lunch monitors, librarians, etc.). Moreover, teachers of hearing-impaired students in all school settings should have on-going opportunities to become knowledgeable about promising practices and relevant research. For instance, awareness of technology and new approaches to curriculum development/modification and instruction are important topics for teachers. All teachers in total communication programs should have on-going training to improve their signing skills.

In developing any training for personnel working with hearing-impaired students, it is critical to involve hearing-impaired personnel who can communicate the experience of being a hearing-impaired person in a hearing world. It is also important to include parents of children who are hearing-impaired in the development and presentation of training. Hearing-impaired young adults can contribute a great deal to the training -- they have first-hand knowledge of what they need, what was most successful for them, problems to be aware of, etc. Representatives from each of these groups should be involved in the development of training curricula for personnel.

While in-service training is an important component of any educational program, it is of particular importance when a hearing-impaired child is integrated into a regular education program. Although effective integration cannot entirely depend on in-service training, such training can enhance the receptivity of regular educators and other ancillary personnel who may not have experience with hearing-impaired students. Administrators, teachers and other staff may need assistance in developing appropriate instructional strategies, as well as suggestions for activities which will enable hearing-impaired children to participate fully and meaningfully in the school community. It is interesting to note that many parents of children with disabilities report that the most helpful teacher (for their child) was a regular educator whose background did not include training to work with exceptional students, but who saw the student as a child first -- a child who needed an education.

When hearing-impaired children are in a regular education classroom setting, the teacher requires detailed information in order to understand and appropriately accommodate the needs of the student. When an additional teacher or professional will be assisting in the classroom (team teacher, teacher of the hearing-impaired, interpreter, transliterator, oral interpreter, etc.) both individuals need clear guidelines as to their roles (i.e., how they will work together, who will be responsible for what, etc.). In-service training can assist in clarifying the valuable contribution each person makes to the education of the hearing-impaired student, and how each person contributes toward the desired outcome -- effectively supporting the hearing-impaired student in the educational environment.

In designing any in-service program, it is important to conduct a formal needs assessment of all personnel designated to receive the training. It may also be helpful to interview several parents and hearing-impaired individuals to determine what they need from education personnel. The results of the needs assessment should provide a prioritized list of training needs which can be incorporated into specific training modules. Refinement of training activities should be an on-going process based on formal evaluation and changing needs.

Suggested topics for in-service training for teachers of hearing-impaired students may include:

- communication process
- effects of deafness on concept, communication and psychological development
- developmental issues
- sign language classes for improved fluency
- curriculum development and evaluation
- instructional strategies/state of the art practices

- deaf culture, history and literature
- educational practices most relevant for multihandicapped/ hearing-impaired children
- educational practices most relevant for multilingual/ multicultural hearing-impaired children
- impact of hearing loss on the family
- bilingualism/biculturalism.

Suggested areas of focus for regular education teachers, administrators, support personnel, and teachers of hearing-impaired students, include:

- myths and stereotypes
- developmental issues
- educational and linguistic impact of hearing loss
- sign language classes (total communication programs)
- effective strategies for communicating with hearing-impaired students
- appropriate and effective use of interpreters, transliterators, tutors, and notetakers
- adapting teaching techniques to maximize effective learning
- appropriate accommodations (i.e., provision of visual cues) for hearing-impaired children in a regular education setting
- effective use of auditory devices
- methods for including a hearing-impaired child as a full member of the total school community
- assistive and instructional technology
- stresses experienced by hearing-impaired students
- bilingualism.

TECHNICAL ASSISTANCE

With the integration of students with disabilities into the regular educational environment, the consulting teacher is being utilized more effectively to help design programs to be carried out in the classroom, and to assist/train/support regular education teachers. Specialists (teacher of the deaf, speech pathologist, etc.) can be effectively utilized to provide consultation and technical assistance to regular education personnel. Any individual who is providing technical assistance to staff should have up-to-date expertise in the area of hearing loss and its impact on classroom instruction. This person should be capable of providing training in areas of need, as well as consultation regarding a specific student. The consulting teacher should also have a working familiarity with statewide resources and be aware of the existing network of experts in the field. Parents, family members, and deaf or hard-of-hearing adults should also be utilized as consultants to provide technical assistance to administrators, teachers, support personnel, hearing and hearing-impaired students.

PARENT EDUCATION AND TRAINING

Parent education and training enables parents to make more informed decisions, and to be more actively involved in their child's education, thereby enhancing the educational achievement of hearing-impaired students. Since a majority of hearing-impaired children have hearing parents, these parents can benefit from assistance in understanding their children's needs, as well as their own. The acquisition of skills that can provide children with the communication and language environment essential to their optimal development is an important facet of parent education. This type of support is helpful to hearing-impaired and hearing parents.

All parents want to do an effective job of raising their children. Parent education programs can be helpful in enabling families to acquire the knowledge and skills necessary to provide a supportive home environment for their hearing-impaired sons and daughters. Parents will need different kinds of information at various stages in their lives. When their child is newly diagnosed, they will need information about hearing impairment, communication methods, medical resources, how to communicate effectively with medical and professional staff, and stress management. Some parents may need to acquire parenting and behavior management skills. All parents need information about available resources.

As their children grow, parents' needs will change. Parents will have questions about educational programming, where and how their children should be educated, how to increase their children's social skills, how to include their children in recreation and extracurricular activities, etc. If their children use sign language, they may have concerns about how to keep up with their child's expanding vocabulary. Often, the child's signing skills and vocabulary grow far beyond the parent's (because the child is receiving intense, on-going instruction and communication in that language, while the parents may only have opportunities to attend sign classes once a week, and may use sign language only with the hearing-impaired child).

When their children enter high school, parents begin to wonder about the future. Will their child attend college? A vocational education program? Where will their child get the social and vocational skills necessary to find and hold a job? Will they be able to live independently? Will they fit into the social life enjoyed by their peers and siblings? Parents will need information and support to enable them to help their children make the transition from school to independence.

Throughout their lives, parents will need information to help them, and their children, make choices. Parent education programs and parent support groups provide a mechanism for parents to acquire information and skills as they need them, when they need them.

Parent education programs are usually offered through a school, early intervention/preschool program, medical facility, or parent organization, and should offer several components:

- opportunities to acquire concrete information and education on issues and topics specific to being the parent of a hearing-impaired child;
- family support which facilitates understanding of the impact of hearing loss on the child and the family;
- specific techniques for dealing with the additional stressors caused by having a child with a disability;
- classes in the chosen method of communication (i.e., sign language, cued speech, speechreading, etc.);
- opportunities for socialization;
- opportunities to meet hearing-impaired adults.

Participants in parent education programs may be provided with information by professionals (teachers, counselors, administrators, related service personnel, parent educators, social workers, medical personnel, etc.), parents, hearing-impaired adults, and hearing-impaired students. It is important to include parents and hearing-impaired individuals as trainers, since they have the unique perspective of living with hearing-impairment.

Parent education programs should address the needs of the parents and children. In order to ascertain those needs, a questionnaire, survey or needs assessment should be done. This can be a formal instrument which is developed and mailed to all parents, or it can be an informal discussion at the first meeting. When the parents needs are known, an effective program can be developed to meet their needs, which will keep them interested in attending.

COMPONENTS OF A PARENT EDUCATION PROGRAM

Information and Education

Increased understanding and awareness of deafness and hearing loss are a critical part of parent education. Parents need to understand what hearing loss means to them, their child and to all family members. Families need on-going opportunities to be informed about medical, educational and technological issues related to hearing-impaired children.

Potential areas of discussion for parent activities may include:

- educational philosophies/program options
- deafness and identity
- American Sign Language
- speech development
- interpreting the audiogram and other audiological assessments
- child management/discipline
- recreational and other activities accessible to hearing-impaired children
- social integration for the hearing-impaired child
- stress management
- integration issues
- sibling/grandparent issues
- medical technology
- state and federal special education law
- parent advocacy
- the role and function of Advisory Councils
- value and use of assistive devices
- enhancing the visual or auditory environment
- use of technology
- ways in which parents can help their children develop language skills
- preparing for transition
- increasing literacy skills of hearing-impaired children
- deaf culture, history, and literature.

Family Support

The complexities of integrating a hearing-impaired child into the family and community cannot be understated. All family members need support and encouragement. Support services available through the community and school need to be accessed. Self-help or peer support groups are very effective because they build on the expertise and empathy of parents who share common experiences. Peer groups are particularly beneficial, considering the varied developmental and communication concerns within a family.

Ways in which a school system may utilize internal or community agency resources to provide and/or facilitate support may include:

- counseling
  - individual
  - group
- self-help or peer support groups
  - parent-to-parent
  - mothers, fathers
  - siblings
  - grandparents

- social activities (picnics, pot luck suppers, skating parties, etc.)
- classes in communication techniques and opportunities to use sign language
- opportunities to meet hearing-impaired students/adults.

Suggestions for Developing and Implementing a Parent Program

The success of any parent program relies on active parent participation. Suggestions for maximizing parental involvement include the following:

- assignment of a coordinator to develop and implement a program for parents (ideally, this should be the parent of a hearing-impaired child);
- inclusion of all family members (mothers, fathers, siblings, grandparents, step-parents, etc.);
- outreach program to include underserved parents, minority parents, parents with disabilities, etc;
- inclusion of hearing-impaired adults and young adults (i.e., guest speakers);
- opportunities to meet with parents of older hearing-impaired students (who can offer support, encouragement, guidance);
- development of a needs inventory to ascertain area(s) of greatest interest and needs of families;
- opportunities for networking with families, agencies, parent organizations;
- provision of written materials through mailings and at meetings (being mindful of the need to include material at a lower reading level for those who need it);
- availability of audio/video tapes which parents can borrow;
- lending library of books, informational and instructional material;
- information about financial and community resources;
- provision of information concerning state and federal laws;
- skill building activities (parenting skills, advocacy, communication);
- coalition building among families from different communities (where there are only a few hearing-impaired children);
- rotating the meeting site to various communities;
- refreshments and opportunities to socialize.

Parent support group meetings need to take the following into consideration:

- time (usually in the evening or on the weekend) and place to allow for the greatest participation;
- accessible meeting facility;

- interpreters and assistive devices available and provided, as needed;
- transportation;
- child care needs;
- social opportunities;
- structure;
- record of activities (minutes, By-laws, as appropriate);
- speakers.

Professional staff can be helpful in organizing and supporting a parent (peer) support group, but should eventually phase out of the leadership and prepare parents to take over the group. Parent leadership should be developed from within the group. The leaders of today's groups should be preparing the leaders of tomorrow.

Some programs may support the establishment of a parent support group but may not want to be responsible for organizing it. In this case, someone from the program should contact an existing parent support group for parents of hearing-impaired children (there may be a state or local chapter) or the Parent Training and Information Program (PTI) in the state. There are currently fifty Parent Training and Information Programs in the United States and Puerto Rico. These parent operated programs provide information and training to parents of children with disabilities (all handicapping conditions). They also provide assistance to parents interested in establishing a parent support group, and can provide speakers for meetings. For information about the location of Parent Training and Information Programs in each state, contact the Technical Assistance to Parent Programs (TAPP) Project at 617-482-2915 (Boston, MA).

Parents of hearing-impaired children need to talk to other parents about specific issues regarding their child's disability. For parents whose children are integrated into the regular classroom, it is important that they also participate in the educational life of the community by joining the local Parent Teacher Organization.

STUDENT ORIENTATION: EDUCATING HEARING-IMPAIRED STUDENTS' PEERS ABOUT HEARING IMPAIRMENT

Education cannot be effective if the hearing-impaired student is isolated from his/her hearing peers because of ignorance, lack of understanding or lack of communication (shared language). In order to be successful, hearing-impaired students must be fully integrated into the social fabric of the school. They must have friends in school and in the community for after school and extracurricular activities. Hearing students need to have an opportunity to learn about hearing impairment, ask questions which break down the barriers of ignorance and prejudice, and identify the strengths/special qualities of the hearing-impaired students in their classroom.

Educating the student's peers about hearing impairment should be a priority in the regular educational environment where hearing and hearing-impaired peers interact. Eliminating isolation within the learning environment and school community is critical to successful integration. Exploring commonality where students learn they are more alike than different, establishing a shared language, and creating an understanding of hearing-impairment can provide opportunities for learning, friendship and understanding between hearing and hearing-impaired students.

When designing and implementing orientation programs for hearing peers, hearing-impaired young adults and successful adult role models can play an important role.

Suggested areas for orientation of hearing students include:

- communication (it's OK to talk about questions we might have);
- the nature of hearing and hearing loss;
- myths and misunderstandings;
- hearing, hearing-impaired people: similarities and differences;
- sign language classes;
- the role of interpreters/transliterators in the classroom setting;
- history, literature and contributions of hearing-impaired individuals;
- value and limits of amplification;
- assistive devices;
- the goal, value and importance of integration to society.

School districts should schedule general disability awareness sessions for the entire school (students and teachers) at the beginning of each school year. These presentations utilize simulation and hands-on activities which would allow students to learn about the difficulties, limitations, and challenges presented by various disabilities. Adults with disabilities, parents of children with disabilities, and professional staff would oversee the activities and answer questions from the students. Resources and fact sheets (developed for students) would be distributed to everyone attending. Teachers could follow-up this general session with activities in their classrooms.

Disability awareness activities could include the following disabilities:

- hearing impairment
- visual impairment
- learning disabilities
- mental retardation
- physical impairment
- orthopedic impairment
- health impairments
- speech-language impairment
- multiple impairments
- other disabilities.

COMMUNICATION

In order to facilitate communication and eliminate isolation, hearing and hearing-impaired students must have a shared language. If the student is aural/oral and has effective lipreading/speechreading skills, he/she may be successful in communicating in the usual way with peers and teachers. If the student uses another form of communication (i.e., ASL, signed English, cued speech), it is important to give others a way to communicate with the student (common language). This can occur in several ways.

If the student uses an interpreter or transliterator, all opportunities for interaction should allow for the inclusion of the interpreter/transliterator. For example, the interpreter/transliterator must be available on the playground, in the lunchroom, during extracurricular activities, on field trips, etc., to facilitate communication between the hearing-impaired student and his/her peers and teachers. Qualified, certified interpreters and transliterators must be utilized, who have the skills and training necessary to perform this vital role.

Sign language should be introduced to all students and school personnel. Sign language classes should be offered as a part of the regular curriculum. Sign language should be given the same status as a foreign language, and students should be able to take it for credit. Students pick up sign language very quickly, and enjoy the beauty of the language. Schools should introduce basic sign language in the primary grades, and allow students to continue to grow in proficiency through the years. Hearing students will be able to communicate directly with hearing-impaired students in their classroom and in the community. Their signing skills will also allow them to communicate with hearing-impaired adults they encounter in their community, thereby creating greater understanding and opportunities for hearing and hearing-impaired individuals.

Many schools are finding creative approaches to encourage hearing students and school personnel to acquire sign language skills, such as:

- giving academic credit for successful completion of sign language courses offered by the school;
- collaborating with post-secondary, vocational and community college programs to enable students and teachers to take sign language courses;
- providing sign language instruction as part of the regular in-service training for staff;
- utilizing staff and volunteers (professionals and hearing-impaired students and adults) to introduce signing to students;
- incorporating media and instructional materials which utilize sign language;
- utilizing peer tutors .(teaching signs to students who are then responsible for teaching the signs learned to their classmates);
- utilizing interpreters during assemblies and extracurricular activities;
- utilizing public television to teach/reinforce sign language.

PROGRAM EVALUATION

Every year, evaluation of each student's program (placement) must be conducted as part of the IEP process. It is important to determine whether the student's goals and objectives (as listed on his/her IEP) have been met.

In addition, all education programs should be evaluated in an on-going manner to ensure that district-wide program goals are being met in an effective and timely manner. Evaluation is a valuable tool for school personnel to identify strengths and weaknesses of their delivery system and to alter, when appropriate, organizational structures/processes and instructional methods.

Program evaluation may also be useful for communicating with the public about one's program and needs, and for providing administrators with data and information to assist future policy and program development.

Program evaluations may be conducted in-house or through the use of an outside consultant. Depending upon the program's resources and scope, the evaluation may be comprehensively designed to examine all program facets or may focus on one or two particular components (i.e., opportunities for peer interaction, communication environment, parent participation). Essential components of program evaluation include:

- determination of evaluation purposes and requirements;
- development of an evaluation plan;
- determination of the evaluation design;
- selection or development of assessment methodologies and instruments;
- collection of data;
- analysis of evaluation data;
- publication of evaluation results;
- application of evaluation findings.

There are various methods for program evaluation and each should be selected to meet the needs and purposes of the particular program. Evaluation should be based on previously developed (and written) statement of program philosophy, goals and objectives, and timelines. It is often helpful to identify a small group (including hearing-impaired individuals and parents) to work with the evaluator(s) throughout the evaluation process.

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APPENDIX A

GLOSSARY

GLOSSARY

The purpose of this glossary is to highlight terminology used in the text. It is not meant to be a comprehensive glossary of terms.

Ambient noise - background noise present in a room that competes with the main speech signal.

American Sign Language (ASL) - language used by hearing impaired people in the United States and parts of Canada. (This language has its own phonology, morphology, syntax, semantics, and discourse rules.)

Assessment - formal and informal process of gathering relevant information in order to make decisions regarding the need for special education or related services.

Assistive Devices - generic term for a variety of instruments and systems (other than hearing aids) designed to enhance communication.

Assistive Listening Devices (ALDs) - variety of instruments and systems other than hearing aids designed to enhance auditory reception.

Audiogram - a graphic record of sensitivity for hearing that shows the degree of hearing loss at specific frequencies.

Auditory trainer (FM system) - amplification device which consists of a wireless microphone worn by the teacher, which transmits his/her voice over a special FM frequency, to be received by the student wearing a compatible receiver. This system provides improved sound quality and mobility for the student and teacher.

Auditory training - instructional strategies and activities designed to assist hearing-impaired students to identify, interpret and use auditory information.

Bicultural - belonging to two cultures.

Bilingual - fluency in and use of two languages.

Child Find - formal process for identifying children with disabilities or other special needs.

Classroom acoustics - conditions in the classroom which affect the quality of sound.

Conductive hearing loss - hearing loss characterized by damage or obstruction of the auditory canal, tympanic membrane (eardrum) or ossicular chain (ear bones in the middle ear). This particular kind of ear pathology can often be treated, with good prognosis, by antibiotics or surgery.

Cued speech - a facilitator of lip/speechreading. This phonemically-based manual signaling system employs eight hand configurations and four placement locations to indicate groups of vowel and consonant sounds.

Curricula - all of the courses and other educational opportunities offered by a school or school district.

Deaf - a hearing impairment which is so severe that the person is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

Deaf community - group of people who share a common identity, language, culture and way of interacting with each other.

Deaf culture - shared language (i.e., ASL), values and beliefs of many deaf individuals.

Deaf studies - study of the history, culture, language, art and literature of the deaf.

Early identification - the implementation of a formal plan for identifying a disability as early as possible in a child's life.

Educational Amplification Systems - variety of devices to facilitate speech reception in educational settings. The most often used is the FM system.

English - the most commonly used language of the people of England and the United States.

English-based signed systems - see Signed English systems.

Evaluation - the entire process of gathering and interpreting information about an individual, their environment, and potential services. This process includes, but is not limited to, formal and informal assessments conducted by qualified and certified or licensed personnel, interviews, and review of medical and educational records.

Fingerspelling - the process of spelling words with the fingers using the American manual alphabet.

Frequency (Hz - Hertz) - the number of vibrations or cycles per second of a sound wave.

Hard of hearing - hearing impairment, whether permanent or fluctuating, which adversely affects the processing of auditory signals. Some hard-of-hearing individuals may choose to maximize their hearing with hearing aids and other assistive devices; others, in addition, choose to use sign language and interpreters.

Hearing aids - personal amplification devices consisting of a microphone, amplifier and receiver. These may consist of a behind the ear aid (BHE), in the ear aid (ITE), or bone conduction aid (consisting of a small vibrator worn on a headband, which may be prescribed for children with anomalies of the outer and/or middle ear.)

Hearing conservation programs - programs designed to increase awareness of hearing health and the risks associated with exposure to high noise levels, protecting existing hearing levels for hearing-impaired individuals via audiological and otological management, and the minimization of noise exposure.

Hearing-impaired person - person who has a hearing loss (regardless of the severity). Includes deaf and hard of hearing individuals.

Individualized Education Program - a written plan for the education of a student with a disability which outlines the special education and related services he/she will receive.

Induction loop - system utilizing a wire coil (loop) which surrounds the classroom. Amplified sound is transmitted from the teacher's microphone through the loop to the telecoil (T) switch of a hearing aid.

Infrared system - transmits sound from a microphone via infrared light to a special receiver worn by a hearing-impaired individual.

Integration - process of placing students with special education needs into a regular education program (also known as "mainstreaming" or "least restrictive environment").

Interagency Coordinating Council (ICC) - required in each state under P.L. 99-457. This council must be made up of parents, professionals and others involved in the delivery of services to infants and toddlers with disabilities.

Interpreting - process of conveying a message from one language into another (including spoken and signed languages).

Lead Agency - the state agency responsible for the administration of funds under Part H of P.L. 99-457.

Mainstreaming - process of integrating students with special education needs into a regular education program.

Multicultural - membership in more than two cultures.

Multilingual - fluency in and use of more than two languages.

Native language - the language normally used by an individual or the language normally used by the parents of the child.

Opto-acoustic environment - the qualities of a room, hall, auditorium, etc. that determine how well visuals can be seen and sounds can be heard.

Oral interpretation - process of paraphrasing/transliterating a spoken message with or without voice and with natural lip movements or the process of understanding the speech and/or mouth movements of hearing-impaired persons and repeating the spoken message.

Otology - the medical specialty related to the treatment of diseases of the ear.

Parent counseling and training - assisting parents in understanding the special needs of their child and providing parents with information and training according to their needs.

Parent Training and Information Program - program for parents of children with disabilities which provides information, assistance, support and training.

Parental language(s) - the language(s) used by the parents in the home.

Primary language - the language most often used by an individual.

Pidgin Sign English (PSE) - sign language varieties that occur when ASL and English users try to interact with each other. (It incorporates features of both languages, ASL and English, but is not a language in itself.)

Related services - any developmental, corrective or supportive services required to assist an educationally handicapped student to benefit from special education.

Residual hearing - that amount of hearing possessed by a person with a hearing loss.

Second language - language learned other than one's primary or native language.

Sensorineural hearing loss - hearing impairment characterized by pathology of the inner ear (cochlea) or somewhere along the eighth cranial nerve. In most cases, this kind of hearing loss cannot be corrected by current surgical procedures or medication.

Signal-to-Noise Ratio (S/N Ratio) - measure of the intensity of the speech signal (i.e., teacher's voice) relative to competing background noise.

Signed languages - visual languages of the world used by hearing-impaired individuals.

Signed English systems - invented (or artificially developed) manual codes for presenting English visually.

Special education - instruction specifically designed to meet the unique needs of an educationally handicapped student. This instruction is team designed, at no cost to the parents, and may be delivered in a variety of settings. The basis for providing this instruction is the IEP.

Speech-language impaired - communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a person's educational performance.

Speech pathology - identification of students with speech or language disorders, diagnosis and appraisal of specific speech or language disorders, referral for medical or other professional attention necessary for the habilitation of speech or language disorders, provision of speech and language services for the habilitation or prevention of communicative disorders, counseling and guidance of parents, students, and teachers regarding speech and language disorders.

Speechreading - the process of reading lips and facial movements for the purpose of understanding spoken language (also known as lipreading).

State Advisory Committee/State Advisory Panel - required under P.L. 94-142 in each state. This committee is to be made up of parents of children with disabilities, professionals who work with disabled children, and others who will advise the Commissioner of Education on the unmet needs of children with disabilities, and comment on state plans/regulations. Some states also have Regional Advisory Committees, Local Advisory Committees, and/or Parent Advisory Committees.

TEAM - refers to a multidisciplinary team that conducts assessments and/or designs an Individualized Education Program (IEP).

Telecommunication Devices for the Deaf (TDDs, often called TTYs) - devices that enable hearing-impaired individuals to communicate visually via telephone.

APPENDIX B

1989 DIRECTORY OF NATIONAL ORGANIZATIONS & CENTERS OF AND FOR HEARING-IMPAIRED PEOPLE

1989 DIRECTORY OF NATIONAL ORGANIZATIONS & CENTERS OF AND FOR HEARING-IMPAIRED PEOPLE

Prepared by the National Information Center on Deafness at Gallaudet University, 800 Florida Ave., N.E., Washington, DC

ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF, INC.
3417 Volta Place NW
Washington, DC 20007
Voice/TDD: (202) 337-5220
Publications: Volta Review (journal)
Newsounds (newsletter)
Our Kids Magazine
National convention
Membership organization committed to speech education for hearing-impaired people. Disseminates information materials to all interested persons.

AMERICAN ACADEMY OF OTOLARYNGOLOGY - HEAD AND NECK SURGERY
1101 Vermont Avenue NW, Suite 302
Washington, DC 20005
Voice: (202) 289-4607
Publications: Otolaryngology-Head and Neck Surgery (journal)
The Bulletin (newsletter)
National convention
Promotes the art and science of medicine related to otolaryngology - head and neck surgery, including providing continuing medical education courses and publications. Distributes patient leaflets relating to ear problems and makes referrals to physicians.

AMERICAN ATHLETIC ASSOCIATION OF THE DEAF
1134 Davenport Drive
Burton, MI 48529
Publication: AAAD Bulletin
National convention
Promotes athletic tournaments in the U.S. and coordinates United States involvement in international competitions.

AMERICAN DEAFNESS AND REHABILITATION ASSOCIATION
P. O. Box 55369
Little Rock, AR 72225
Voice/TDD: (501) 375-6643
Publications: Journal of American Deafness and Rehabilitation
ARA Newsletter
National convention
A membership organization and network which promotes, develops and expands services, research and legislation for deaf persons.

AMERICAN HEARING RESEARCH FOUNDATION
55 East Washington Street, Suite 2022
Chicago, IL 60602
Voice: (312) 726-9670
Publication: Newsletter
Keeps physicians and laymen informed of latest developments in hearing research and education.

AMERICAN SOCIETY FOR DEAF CHILDREN (formerly International Association of Parents of the Deaf)
814 Thayer Avenue
Silver Spring, MD 20910
Voice/TDD: (301) 585-5400
Publication: The Endeavor
Membership organization providing information and support to parents and families with children who are deaf or hard of hearing. ASDL promotes Total Communication as a way of life for deaf children and their families and encourages strong ties with deaf adults who enable families to better understand the deaf adults their children will become.

AMERICAN SOCIETY OF DEAF SOCIAL WORKERS (new name change pending: National Association of Social Workers and Deafness)
NTID/RIT
One Lomb Memorial Drive
Rochester, NY 14623
Promotes information sharing and upgrades the professional standards among hearing-impaired and hearing social workers who work primarily with hearing-impaired people. Also provides a forum for shared issues and concerns for those in this specialization.

AMERICAN SPEECH-LANGUAGE-HEARING-ASSOCIATION
10801 Rockville Pike
Rockville, MD 20852
Voice/TDD: (301) 897-5700
(800) 638-8255 Helpline
(800) 897-8682 Helpline
Publications: ASHA, JSHR, JSHD, LSHSS
National convention
Professional and scientific organization for speech-language pathologists and audiologists concerned with communication disorders. Provides informational materials and a toll-free HELPLINE number for consumers to inquire about speech, language, or hearing problems.

AMERICAN TINNITUS ASSOCIATION
P. O. Box 5
Portland, OR 97207
Voice: (503) 248-9985
Publication: ATA Newsletter
Provides education and information about tinnitus to patients and professionals. Provides telephone counseling and self-help support and raises money for research.

BEGINNINGS FOR PARENTS OF HEARING IMPAIRED CHILDREN
1316 Broad Street
Durham, NC 27705
Voice: (919) 286-9797
(800) 541-HEAR
Publication: BEGINNINGS For Parents of Hearing Impaired Children
Provides education and information about hearing impairment and communication methods. Print material and videotapes available.

BETTER HEARING INSTITUTE
P. O. Box 1840
Washington, DC 20013
Voice: (703) 642-0580
Voice: 800-EAR-WELL
Publication: Communicator
Dedicated to informing hearing-impaired persons, their friends and relatives, and the general public about hearing loss and available medical, surgical and amplification assistance.

CAPTIONED FILMS FOR THE DEAF

Modern Talking Pictures Service, Inc.
5000 Park Street North
St. Petersburg, FL 33709
Voice/TDD: (800) 237-6213
National convention
Free loan of educational and entertainment captioned films and videos.

CONFERENCE OF EDUCATIONAL ADMINISTRATORS SERVING THE DEAF

American School for the Deaf
139 North Main Street
West Hartford, CT 06107
Voice/TDD: (203) 727-1304
Publication: American Annals of the Deaf
Gallaudet University
KDES, PAS 6
800 Florida Avenue, NE
Washington, DC 20002
Voice/TDD: (202) 651-5342
National convention
An organization committed to the improvement of management of programs for deaf students and educational options for deaf people.

CONVENTION OF AMERICAN INSTRUCTORS OF THE DEAF

P. O. Box 2163
Columbia, MD 21045
Voice/TDD: (301) 461-9988
Publications: American Annals of the Deaf
News 'n' Notes
National convention
An organization which promotes professional development, communication and information among educators of the deaf and other interested persons.

DEAF ARTISTS OF AMERICA
87 North Clinton Avenue, Suite 408
Rochester, NY 14604
Voice/TDD: (716) 244-8697
Publication: DAA News (quarterly)
Organized to bring support and recognition to deaf artists. Goals are to publish information about deaf artists, provide cultural and educational opportunities, provide useful services to members, exhibit and market deaf artists' works, and collect and disseminate information about deaf artists. Periodic shows/exhibits of the works of deaf artists are held.

DEAFNESS AND COMMUNICATIVE DISORDERS BRANCH
Rehabilitation Services Administration
Office of Special Education and Rehabilitative Services
Department of Education
330 C Street SW, Room 3316
Washington, DC 20202
Voice: (202) 732-1401, 1398
TDD: (202) 732-1298, 2848
Promotes improved and expanded rehabilitation services for deaf, hard of hearing, speech impaired and language disordered individuals. Provides technical assistance to RSA staff, state rehabilitation agencies, other public and private agencies and individuals.

DEAFNESS RESEARCH FOUNDATION
9 East 38th Street
New York, NY 10016
Voice: (212) 684-6556
TDD: (212) 684-6559
Publication: Receiver
Supports and provides grants for research into causes, treatment and prevention of deafness to hospitals, universities and nonprofit organizations.

DEAFPRIDE, INC.
1350 Potomac Avenue SE
Washington, DC 20003
Voice/TDD: (202) 675-6700
Publication: The Deafpride Advocate
A nonprofit, advocacy organization which works for the human rights of deaf people and their families. Assists groups to organize and work together for change in the District of Columbia and throughout the United States.

EPISCOPAL CONFERENCE OF THE DEAF
1616 Calle Sanlago
Pleasanon, CA 94561
Publication: The Deaf Episcopalian
Promotes ministry for deaf persons throughout the Episcopal Church. Affiliated with approximately 50 congregations in the United States.

GALLAUDET UNIVERSITY ALUMNI ASSOCIATION
Alumni House, Gallaudet University
Washington, DC 20002
Voice/TDD: (202) 651-5030
Publication: Gallaudet Alumni Newsletter
A membership organization which supports Gallaudet University through fellowships, fund raising, and national awards, and oversees the University's Hall of Fame.

HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTH AND ADULTS
111 Middle Neck Road
Sands Point, NY 11050
Voice/TDD: (516) 944-8900
Publication: The Nat-Cent News
The single national facility which provides comprehensive evaluation and vocational rehabilitation training, conducts extensive network of field services through regional offices, affiliated programs, and a national training team, and maintains National Register of Deaf-Blind Persons.

HOUSE EAR INSTITUTE
256 South Lake
Los Angeles, CA 90057
Voice: (213) 483-4431
TDD: (213) 484-2642
Publication: OTO Review
Nonprofit organization which conducts research and provides information on hearing and balance disorders. Center for Deaf Children does evaluation and therapy.

INTERNATIONAL CATHOLIC DEAF ASSOCIATION
814 Thayer Avenue
Silver Spring, MD 20910
TDD: (301) 588-4009
Publication: The Deaf Catholic
National convention
Promotes ministry for Catholic deaf persons. Responds to spiritually related requests worldwide.

INTERNATIONAL LUTHERAN DEAF ASSOCIATION
1333 S. Kirkwood Road
St. Louis, MO 63122
Voice/TDD: (314) 965-9917, ext. 684
Publication: The Deaf Lutheran
National convention
Promotes ministry for deaf persons throughout the Lutheran Church-Missouri Synod.

JOHN TRACY CLINIC
806 West Adams Boulevard
Los Angeles, CA 90007
Voice: (213) 748-5481
TDD: (213) 747-2924
(800) 522-4582
Provides free services to pre-school deaf and deaf-blind children and their families through on-site services and worldwide correspondence courses.

JUNIOR NATIONAL ASSOCIATION FOR THE DEAF YOUTH PROGRAM
Branch Office
445 N. Pennsylvania Street, Suite 804
Indianapolis, IN 46204
Voice/TDD: (317) 638-1715
Publication: The Junior NAD Newsletter
National conventions
Develops leadership skills among deaf high school students by creating opportunities where students can get hands-on experience.

NATIONAL ASSOCIATION OF THE DEAF
814 Thayer Avenue
Silver Spring, MD 20910
Voice/TDD: (301) 587-1788
Publications: The Broadcaster
The Deaf American
National convention
The oldest and largest consumer organization for deaf people in the U.S. Concerned with communication skills, legislation, employment rights and other topics of interest. Has affiliated chapters in all 50 states.

NATIONAL BLACK DEAF ADVOCATES, INC.
P.O. Box 2504
Washington, DC 20013
National convention
The national office and its 11 chapters exist to promote leadership and rights among black deaf people.

NATIONAL CAPTIONING INSTITUTE, INC.
5203 Leesburg Pike
Falls Church, VA 22041
Voice/TDD: (703) 998-2400
Provides closed-captioning service for television networks, program producers, cable-casters, producers of home entertainment video-cassettes, advertisers, and other organizations in the federal and private sectors. Additionally, distributes TeleCaption decoders to retailers around the country.

NATIONAL CATHOLIC OFFICE OF THE DEAF
814 Thayer Avenue
Silver Spring, MD 20910
Voice/TDD: (301) 587-7992
Publication: Listening
National convention
Organizes workshops and provides information and teaching materials for religious education of hearing-impaired persons. Also coordinates preparation programs for pastoral workers.

NATIONAL CENTER FOR LAW AND THE DEAF
Gallaudet University
Washington, DC 20002
Voice/TDD: (202) 651-5373
Publication: Special Legal Issues of Gallaudet Today
Develops and provides a variety of legal services and programs to the deaf community.

NATIONAL CONGRESS OF JEWISH DEAF
4960 Sabal Palm Boulevard
Building 7, Apartment 207
Tamarac, FL 33319
Publication: N.C.J.D. QUARTERLY
National convention
Advocates for religious, educational and cultural ideals and fellowship for Jewish deaf persons.

NATIONAL CUED SPEECH ASSOCIATION
P.O. Box 31345
Raleigh, NC 27622
Voice/TDD: (919) 828-1218
Publications: On Cue
Cued Speech Annual
Membership organization which provides advocacy and support regarding use of Cued Speech. Information and services are provided for hearing impaired people of all ages, their families and friends and professionals who work with them.

NATIONAL FRATERNAL SOCIETY OF THE DEAF
1300 W. Northwest Highway
Mt. Prospect, IL 60056
Voice: (312) 392-9282
TDD: (312) 392-1409
Voice/TDD: (800) 876-NFSD
Publication: The Frat
National convention
Works in the area of life insurance and advocacy for deaf persons.

NATIONAL HEARING AID SOCIETY
20361 Middlebelt Road
Livonia, MI 48152
Voice: (313) 478-2610
(800) 521-5247 Hearing Aid Helpline
National convention
Professional association of specialists who test hearing and select, fit and dispense hearing instruments. Provides consumer information through toll-free Hearing Aid Helpline.

NATIONAL INFORMATION CENTER ON DEAF-BLINDNESS
Gallaudet University
800 Florida Avenue NE
Washington, DC 20002
Voice: (202) 651-5289
TDD: (202) 651-5830
Identifies, locates, develops and disseminates information concerning effective educational approaches for deaf-blind children and youth, ages 0-21. Serves educators, parents, support services personnel and other interested persons.

NATIONAL INFORMATION CENTER ON DEAFNESS
Gallaudet University
800 Florida Avenue NE
Washington, DC 20002
Voice: (202) 651-5051
TDD: (202) 651-5052
Provides information about deafness, hearing loss and Gallaudet University to all interested people. Gallaudet is a multi-purpose educational center which services hearing-impaired people around the world through its comprehensive programs in academics, research and public service.

THE NATIONAL REHABILITATION INFORMATION CENTER
8455 Colesville Road
Suite 935
Silver Spring, MD 20910
Voice/TDD: (301) 588-9284
(800) 34-NARIC
A rehabilitation information service and research library which provides reference, research, and referral services; conducts custom database search; publishes a quarterly newsletter; and disseminates rehabilitation-related information. NARIC has a database REHAB-DATA, a computerized listing of rehabilitation literature.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF
Rochester Institute of Technology
One Lomb Memorial Drive
P.O. Box 9887
Rochester, NY 14623
Voice: (716) 475-6400
TDD: (716) 475-2181
Publication: NTID Focus
Provides technological postsecondary education to hearing impaired students. Disseminates informational materials and instructional videotapes on deafness and related areas.

THE NATIONAL THEATRE OF THE DEAF
The Hazel E. Stark Center
Chester, CT 06412
Voice: (203) 526-4971
TDD: (203) 526-4974
Publication: NTD Newsletter
Concerned with artistic and theatrical professional development of deaf actors and actresses. Tours the U.S. and abroad. Also presents the Little Theatre of the Deaf productions in schools, theatres, museums and libraries. Sponsors a professional school, with full scholarships available for deaf people interested in theatre.

QUOTA INTERNATIONAL, INC.
1420 21st Street, NW
Washington, DC 20036
Voice/TDD: (202) 331-9694
Publication: The Quotarian
National convention
Major service project, Shatter Silence, serves individuals with hearing and speech handicaps. Offers fellowships and annual outstanding Deaf Woman of the Year Program.

REGISTRY OF INTERPRETERS FOR THE DEAF, INC.
51 Monroe Street, Suite 1107
Rockville, MD 20850
Voice/TDD: (301) 279-0555,6
Publication: Views of Interpretation
National convention
Professional organization which provides information on interpreting, evaluation and certification of interpreters nationwide.

SELF HELP FOR HARD OF HEARING PEOPLE, INC.
7800 Wisconsin Avenue
Bethesda, MD 20814
Voice: (301) 657-2248
TDD: (301) 657-2249
Publication: Shhh (journal)
National convention
Promotes awareness about and provides information on hearing loss, communication, assistive devices, alternative communication skills through publications, exhibits, and presentations.

TELECOMMUNICATIONS FOR THE DEAF, INC.
814 Thayer Avenue
Silver Spring, MD 20910
Voice: (301) 589-3786
TDD: (301) 589-3005
Publications: GA-SK (quarterly newsletter)
International Telephone Directory of TDD Users (Annual Directory)
National convention
A TDD/PC consumer-oriented organization that sells caption decoders and a directory for deaf people. Supports legislation and advocates the use of TDDs, ASC11. Emergency Access (911), telecaptioning and visual alerting systems in the public, private and government sectors.

TRIPOD
955 North Alfred Street
Los Angeles, CA 90069
Voice/TDD: (213) 656-4904
(800) 352-8888
(800) 348-8888 (California only)
Provides a national toll-free hotline for parents and individuals wanting information about raising and educating deaf children. Also has a parent/infant/toddler program, pre-school and an elementary mainstream program for hearing-impaired children.

U.S. DEAF SKIERS ASSOCIATION, INC.
Box USA
Gallaudet University
800 Florida Avenue NE
Washington, DC 20002
TDD: (202) 651-5255
Publication: USDSA Newsletter
National convention
Works with U.S. teams involved in international competition. Also promotes recreational skiing for hearing-impaired people.

WORLD RECREATION ASSOCIATION OF THE DEAF, INC./USA
P.O. Box 3211
Quartz Hill, CA 93536
Voice: (800) 342-5833 (California only, Voice Relay)
TDD: (805) 943-8879
Publication: WRAD NEWS
National convention
Promotes and facilitates participation by hearing-impaired and hearing people in a wide variety of recreational activities through its national and local chapters.

APPENDIX C

TIPS FOR TEACHERS WORKING WITH HEARING-IMPAIRED STUDENTS

THE HEARING-IMPAIRED CHILD IN YOUR CLASS

The hearing-impaired child has been placed in your class in order to benefit from the learning opportunities and support services available in your school. The following suggestions are provided for your information and as a basis for discussion between you and the specialists providing services to the child.

1. Assign the child a favorable seat, removed from noise sources and close to the area where you instruct. A hearing aid helps **only partially** and cannot be expected to make this child hear normally.

2. Establish positive attitudes toward the hearing-impaired child; you are a model for the other children in your class.
   a. Provide a buddy system in which another child helps to communicate classroom activities.
   b. Help the class to understand hearing and hearing loss by having specialists discuss the ear, hearing, hearing loss, hearing aids, noise, famous hearing-impaired people, etc.
   c. Encourage the hearing-impaired child to participate in class activities. Do not expect less work from him/her.

3. Speak naturally and face the child: he/she may rely heavily on visual cues to aid understanding.
   a. Rephrase instructions when necessary.
   b. Introduce new topics clearly with a short sentence or key word so the child can follow changes in activities.
   c. Be sure the hearing-impaired child understands when questions are being asked.
   d. Use visual aids whenever possible.

4. Written instructions and summaries help the hearing-impaired child to keep in touch with lesson content.
   a. Place a simple lesson outline on the board.
   b. Give written tests whenever possible, making sure that they are written at a level the child can read and comprehend.
   c. Write key words or phrases on the board as the lesson progresses.
   d. Write homework assignments on the blackboard.

5. The child with a hearing impairment may have speech and language problems.
    a. If you have difficulty understanding the child, ask him/her to repeat.
    b. Do not call attention to the child's speech errors in the classroom. Record and share them with the speech clinician.
    c. Realize that the child may have limited vocabulary and syntax, both receptively and expressively. His/her failure to understand may be related to this language deficit, as well as the inability to hear normally.

6. The amplification used by the child is essential to his/her success. Check the hearing aid daily to be sure it is functioning. Encourage the child to tell you if the aid is not working properly, then consult with the appropriate support personnel (usually the audiologist).

7. The parents of a hearing-impaired child may be anxious about their child's ability to cope in a regular classroom. When reporting to the parents, be sure to discuss the child's strengths as well as weaknesses. Be honest with parents.

8. Use support personnel (speech clinician, audiologist, resource room teacher) as consultants. They are available to provide special services to the child (speech and language therapy, academic tutoring, monitoring of amplification) and to answer your questions.

*Adapted by the Board of Education of the City of New York, Bureau for Hearing Handicapped Children, from Harrington, 1976.

HELPFUL HINTS: ENHANCING COMMUNICATION AND INSTRUCTION IN THE CLASSROOM

1. Consult with the student periodically to incorporate his/her ideas regarding communication accessibility.
2. Ensure preferential seating for the hearing-impaired student (based on his/her need relative to classroom activity).
3. Reduce ambient noise level as much as possible.
4. Speak and communicate naturally (no need to shout or whisper).
5. Face the student whenever engaging in conversation.
6. Speak to the student as much as possible to facilitate language input.
7. Avoid placing yourself near a source of direct light (i.e., window) in order to maximize the student's speechreading capability.
8. Provide clear written instruction for all assignments.
9. Accompany instruction with clear visual input (i.e., displays, notes, syllabus) wherever possible.
10. Encourage the student to participate in classroom activities.
11. Create opportunities for peer interaction in academic and non-academic activities.
12. Offer instruction in the social vocabulary (i.e., slang) of hearing students.
13. Provide a clear view of teacher, interpreter and chalkboard to facilitate effective communication.
14. Allow flexible time limit to complete assignments that are language related.
15. Maintain the student's attention by periodic cueing (i.e., asking questions, making eye contact).

16. Provide frequent feedback to the student about his/her performance.

17. Provide "listening breaks" and/or "visual breaks" whenever possible.

18. Communicate regularly with the interpreter and other school personnel utilized by the student.

19. Encourage students to speak one at a time during group discussions.

20. Institute a "buddy" system during group and social events (i.e., assemblies, fire drills etc.).

21. Devise a notetaking system that allows two hearing peers to take notes for the hearing-impaired student with a process that permits sharing of notes among all three students.

22. Ensure enough time during the transmission of information for the student to read/watch the teacher and/or interpreter.

23. Wear dark colored clothing when interpreting or signing to the student. This allows the student to see the signs/cues (placement of the hands) more clearly.

NOTE: See "Suggested Guidelines for Teachers on How to Work with Interpreters".

Adapted from "Suggestions for the Regular Classroom Teacher," B.R. Culhane and L.L. Mothersell, 1979, Mainstreaming: Practical Ideas for Educating Hearing Impaired Students, M.E. Bishop, Editor, Washington, DC, pp. 105-119.

*SUGGESTED GUIDELINES FOR TEACHERS ON HOW TO WORK WITH INTERPRETERS

- Take time at the beginning of the school year to discuss with the interpreter and students the role of the interpreter in the classroom.

- Discuss the class format (lecture or discussion), vocabulary, material to be covered in the lesson, films/media to be used, and provide relevant materials to the interpreter so he/she will be familiar with the subject matter prior to the class lesson.

- Allow the interpreter and student to position themselves appropriately in the classroom. Ideally, the student should have a clear view of the teacher, interpreter, and chalkboard concurrently, or the teacher and interpreter and the whole class concurrently, depending on lecture or class discussion format. Discuss whether the interpreter should "shadow" or follow you as you move around the class or should remain seated at the front of the classroom.

- Be sure the interpreter is positioned in a well-lit area, but not in front of a light source such as a window or a bright light, and keep visual distractions behind the interpreter at a minimum. A solid color background such as a chalkboard or blank wall is ideal. During the showing of movies, videotapes, T.V. shows, position the interpreter near the screen and provide dim lighting focused on the interpreter.

- Be sensitive to the "time lag" that occurs when interpreting. There will be a slight delay between what is spoken and the actual interpretation. Set up a system which allows ample time during class lectures and discussion for the hearing-impaired student to respond and participate. Also, the interpreter will need time to identify who is speaking during discussions.

- Speak at a normal rate of speed. Occasionally, the interpreter may ask you to repeat or rephrase a missed statement.

- Maintain eye contact and speak directly to the hearing-impaired student. Talk in the first person, avoid using the term "tell her" or "tell him."

- Remember that the interpreter is working for everyone in the class; he/she is not there just for the hearing-impaired student, but to facilitate communication for everyone.

*We use the generic term interpreter to include any type of interpreter, including ASL, manual English, Signed Exact English, pidgin sign English, oral, Rochester method, Gestuno, cued, and tactile.

Adapted from "The Role of the Classroom Teacher", Principles of Interpreting in an Educational Environment, Mainstreaming: Practical Ideas for Education Hearing Impaired Students, T. Alan Hurwitz and Anna B. Witter, 1979, pp. 138-140.

WHAT DO I DO IF THE HEARING AID WON'T WORK?

1. If the hearing aid whistles, check to see if:

    a. the earmold fits;
    b. the battery is the wrong type or the battery contacts are corroded;
    c. the cord connections are broken;
    d. the receiver is broken.

2. If the hearing aid is "dead," check to see if:

    a. the battery is dead, is the wrong type or is in backwards;
    b. the aid is in the telephone position;
    c. the cord is broken.

3. If the hearing aid is weak, check to see if:

    a. the battery is weak or the wrong type;
    b. the volume or tone control is on the wrong setting;
    c. the cord is broken.

4. If the signal goes on and off, check to see if:

    a. the battery contacts are corroded;
    b. the cord or its contacts are broken;
    c. the receiver is broken.

5. If the aid sounds noisy or distorted, check to see if:

    a. the battery is weak or the terminals are corroded;
    b. the tone setting is in the wrong place;
    c. the cord contacts are loose;
    d. the earphone is broken, is the wrong type or is clogged with wax;
    e. the earmold is clogged with wax.

Source: J.R. Mandell, The Care of Hearing Aids, 1971, The New York League for the Hard of Hearing, New York, NY.

APPENDIX D

CHECKING OUT THE PRESCHOOL

CHECKING OUT THE PRESCHOOL

Concerns for the Handicapped Child

Teacher qualifications

- What type of college training does the teacher have?
- Has the teacher taken special courses related to the education of handicapped children?
- Are training opportunities available for the teacher throughout the year?
- How does the teacher feel about his or her ability to teach handicapped children?

Teacher's interaction with children

- Does the teacher smile and look directly at the children when talking with them?
- Does the teacher appear to be physically relaxed with the children when touching, talking with, and approaching them?
- Do the children appear to trust the teacher and freely turn to her or him for help, information, and comfort?
- Is the teacher skilled at communicating with non-verbal children? Does she know sign language? Is she sensitive to non-verbal cues, such as gestures, facial expressions, postures?
- Where does the teacher appear to spend most of her or his time -- working with children, arranging materials, talking with other adults, parents or staff members?
- Does the teacher display humor and common sense in dealing with children?
- Does the teacher seem to be easily hassled if things are not going right?
- How does the teacher reward and discipline a child? Do you feel comfortable with these methods?
- Is the teacher's talk with the children heavily sprinkled with do's and don'ts?

Teacher's attitudes toward individual needs

- Do the teacher's expectations and treatment differ for girls and boys?
- Did the teacher have classroom experience with handicapped children? Did the handicapped children formerly in the teacher's class have special needs similar to those of your child?
- Is the teacher's attitude reflected through the selection of pictures, photographs, and books? Is there an awareness of and respect for ethnic and cultural backgrounds?
- Does the teacher categorize children?
- How does the teacher describe his or her approach to meeting the individual needs of each child? Do you think the teacher will be able to meet your child's needs?

Individualized instruction

- How many children are in the class? How many instructors? (Instructors might include teacher aides, parent volunteers, older students.)
- Does the ratio of children and instructors seem to be reasonable?
- Are children grouped for instruction according to skill level or chronological age? Are groupings flexible?
- Are special materials and equipment available for children with handicaps (prone standers, corner chairs, braille readers, books in large print)?
- Do children's needs in different skill areas seem to be taken into consideration?

The arrangement of space in the preschool

- Is there enough space for the number of children? Is it divided? Is there an outdoor play area?
- If the space is divided, who goes where? Is the division made by age, sex, interest, types of handicap? Are there small areas where a child can go to be alone?
- Are furniture and equipment arranged in such a manner that your child can crawl, walk, or navigate in a wheelchair?
- Are there spaces for children to work or play quietly and actively with materials and equipment?
- Are there adequate areas and facilities for children to rest and sleep?
- Are there special areas for a variety of activities: blocks, reading, dress-up, arts and crafts? Are the potentially noisy and active areas (blocks, jungle gyms, housekeeping center) separated physically from the quiet areas (books, puzzles, art centers)?
- Are there areas where specialists (i.e., speech therapist, physical therapist) can work with children and teachers?
- Is the preschool building, including bathrooms and playground, accessible to children with mobility impairments?

Related support services

- Are related services (such as speech therapy, physical therapy, occupational therapy, mobility and orientation training, audiological services, counseling, and health services) needed by your child currently available?
- How frequently and for what period of time are related services available?
- Who provides the related services? What is the relationship between the teacher and the related-service provider?
- Are services offered individually or in small groups?
- Is the teacher willing to follow up in the classroom on recommendations from related service providers?

- Is funding for related services a certainty?
- If related services are not currently part of program, does the staff know how to find and use community resources?

Emotional and social climate of preschool

- What is the primary population being served? (Observe the classroom and get to know the characteristics of children currently enrolled.)
- Do the children appear to be comfortable and free with other children in the group, or are there numerous fights and disturbances?
- Do the children encourage one another, appear to play well with others in the group, work cooperatively among themselves? Do they do these things without constant interference from adults?
- Does the teacher help to mediate potentially explosive situations such as fights over toys, name-calling, or physical aggressiveness?
- Do opportunities exist for handicapped children to interact with non-handicapped children in the classroom? Do such opportunities exist outside the classroom?
- How do handicapped children in the program interact with each other?
- Does the program provide opportunities for the children to experience risks -- physical and emotional? Is the program overly protective or too specialized for your child?
- Do teachers encourage independence? Are children permitted to test their physical abilities and master difficult tasks with teacher supervision?
- Are children encouraged to work without teacher attention or reinforcement for some parts of the day?

Keeping track of child's progress and development

- Are children assessed in all developmental areas such as speech and language, social, emotional, and physical development?
- Are annual goals and short-term objectives formulated in all developmental areas?
- How frequently is the progress of children monitored? How frequently and in what way is this information shared with parents?
- Are parents involved in helping to plan the child's educational program?

Concerns for the Parents

Professional involvement so parents can relax

- Can parents trust teachers to do a good job teaching the child? (This will have to develop over time, but do the basic elements of trust seem to be present?)

Frequent contacts with teachers

- Are teachers willing to engage in frequent interactions with parents?
- Are opportunities available for you and the teachers to have frequent interactions (for example, at drop-off or pick-up times)?
- Do teachers seem to be willing to listen to what you have to say (including feelings of frustration, resentment, inadequacy or anger) in an open, non-defensive and non-judgmental manner?
- Are parents free to drop in and observe the classroom?

Parent counseling

- Do staff members provide counseling, or is this service provided through other community resources?

Parent training

- Does the program provide opportunities for improving parent-child interaction (workshops to increase parents' knowledge and skills, opportunities to observe staff members and learn educational techniques from them)?

Program participation

- Does the program provide opportunities for parent participation (advisory board membership and decision-making opportunities, opportunities to volunteer as an aide in the classroom or with a special project outside of the classroom)?
- Are there opportunities for participation for all family members (fathers, siblings, grandparents)?

Contacts with other parents

- Are structured opportunities available to meet with other parents who may share your feelings, perspectives, and needs (parent support groups, pot luck dinners)?
- Are unstructured opportunities to meet with parents available (drop-off and pick-up arrangements which encourage parent interaction, having a quiet place with a coffee pot and a parent bulletin board)?

Cost of program

- What is the cost of the program? (The local school system may be financially responsible if educational services for handicapped children ages 3 to 5 are legally mandated in your state.)
- When are tuition payments due?
- Are scholarships available?

Convenience of program

- How far is the program from your home?
- Are parent car pools encouraged, supported, or available?
- Does the preschool provide bus service? What is the cost?
- Is day care provided?
- What are the preschool's hours of operation?
- Is a full-day program an option?

Adapted from Winton, Pamela J., Ph.D., Turnbull, Ann P., Ed.D., Blacher, Jan, Ph.D., 1984, Selecting A Preschool: A Guide for Parents of Handicapped Children, University Park Press, Baltimore, MD.

APPENDIX E

PARENT CHECKLIST FOR PLACEMENT OF A HEARING-IMPAIRED CHILD IN THE CLASSROOM

PARENT CHECKLIST FOR PLACEMENT OF A HEARING-IMPAIRED CHILD IN THE CLASSROOM

This checklist's aim is to help you find the most appropriate placement for your hearing-impaired child in a mainstream classroom setting.

The authors recommend that each of the following items be evaluated through classroom observation(s). Note your observations even though you may not have a lot of objective data and may find yourself reacting to gut level feelings. Trust your instincts. Ask other parents of children in the classroom (or parents of other students in the school) what their experiences have been.

No placement decision is final. You should have the opportunity to observe and interact with the teacher and other school personnel, especially if you have concerns or other negative feelings about the classroom or school situation. Your review of these issues should be an ongoing process of reassessment.

I. Physical Environment

Structure:

	Yes	No	N/A
Is the room size conducive to learning? (A large room/high ceiling can distort sound; a small room may be noisier.)	___	___	___
What is the number and size of the windows? (Large number may increase noise levels and distractions.)	___	___	___
Is the school set up as an open school (open classroom) or is it more traditional?	___	___	___
Is the room adequately lit? (Lighting and shadows may affect speechreading.)	___	___	___

Acoustic Treatment for Noise Reduction:

	Yes	No	N/A
Is the entire classroom carpeted?	___	___	___
Is the hallway carpeted?	___	___	___
Are there acoustical tiles on the ceiling?	___	___	___
Are there shades, blinds, curtains, drapes, etc. on the windows? (These reduce noise and/or distractions.)	___	___	___
Are there cork boards/bulletin boards on the walls? (These boards decrease noise levels.)	___	___	___

Noise Levels:

What is the noise level:

	Yes	No	N/A
In the classroom? (Note: students, heater, fish tank, fan, etc.)	___	___	___
In the hallway? (Note: students, lockers, etc.)	___	___	___
Outside the building? (Note: traffic, playground, etc.)	___	___	___

	Yes	No	N/A
Other Considerations:			
Are assorted visual aids used (blackboards, pictures, teaching aids, etc.)?	___	___	___
How many students are in the class?	___	___	___
What is the adult/student ratio?	___	___	___
What is the average distance between the teacher and the students?	___	___	___
Does the school rely on the public address system for announcements? (If so, is a signal given before the message?)	___	___	___

Observation/Comments: ____
____
____

II. Teacher

	Yes	No	N/A
Teaching Style:			
Does the teacher provide a good language model for the students?	___	___	___
How does the teacher present information? (Does the teacher typically face the students?)	___	___	___
What are the teacher's speaking skills (enunciation, clarity of speech, rate of speech, loudness of voice, intonation/rhythm, facial expressions, etc?)	___	___	___
Are the instructions clear to the students? (Does the teacher repeat himself/herself?)	___	___	___
Other Features to Note:			
What is the teacher's attitude towards having a hearing-impaired student in the classroom?	___	___	___
Is the teacher willing and able to spend time with the parent(s)?	___	___	___
Has the teacher ever taught a hearing-impaired student?	___	___	___
Has the teacher received any formal training regarding hearing impairment?	___	___	___
What does the teacher know about personal hearing aids/group amplification systems (FM auditory trainers)?	___	___	___
What is the teacher's attitude regarding child management and discipline?	___	___	___
Consider evaluating other personnel regarding the above issues (for example, teacher aides, interpreters, tutors, notetakers, etc.).			

Observation/Comments: ____
____
____

Yes No N/A

III. Attitudes of School

Have there been other special-needs children in the school? ___ ___ ___

Do the teacher, principal, and other personnel seem agreeable to having a hearing-impaired student in the school? ___ ___ ___

Observation/Comments: ________________________________

____

____

IV. Information Regarding the Student

Student's Management of Hearing Loss:

What does your child do when he/she does not hear?
(Tells speaker he/she did not hear, requests repetition, etc.)
What is the child's attitude towards his/her hearing loss?

Hearing Aid Maintenance/Monitoring Skills:

Does your child take responsibility for his/her hearing aids? (Inserts own earmolds, hearing aids; tells adults if the battery is not working, etc.) ___ ___ ___

Child Characteristics:

Compare your child's performance with the other students in the classroom in the following areas:

- Attending behavior
- Listening behavior in quiet
- Listening behavior in noise
- Social/emotional maturity
- Communication skills in:
  - Speech
  - Reading
  - Writing
  - Understanding
  - Verbal expression (spoken language)

Other Important Issues to Consider:

- Child's physical size/development
- Academic/intelligence level
- Play skills
- Peer acceptance
- Independence (for example, in completing tasks, in resolving conflicts and confrontations, etc.)
- Sibling relationships

Observations/Comments: ________________________________

____

V. Special Services

Are qualified personnel available to provide evaluation and/or intervention in the following areas:

	Yes	No	N/A
Speech-language pathology	___	___	___
Educational audiology	___	___	___
Hearing-impaired resources	___	___	___
Occupational therapy	___	___	___
Physical therapy	___	___	___
Resource room	___	___	___
Guidance/counseling	___	___	___
Psychology	___	___	___
Gifted program	___	___	___
Educational interpreters (manual or oral)	___	___	___
Notetakers	___	___	___

Observations/Comments: ______________________________

____

____

VI. Miscellaneous:

	Yes	No	N/A
Transportation to/from school	___	___	___
Cost (if any)	___	___	___
Family concerns	___	___	___

____

The above information may lead to questions, concerns and/or requests to be discussed at the Child Study Team or Individual Education Plan/Program (IEP) meeting. Some of the above issues must be acted upon as objectives/special needs in the IEP.

Be your child's best advocate!

Summary

I. Physical Environment ______________________________

____

____

II. Teacher(s) ______________________________

____

____

III. Attitude of School ______________________________

____

____

IV. Information Regarding the Student ______________________________

____

____

V. Quality of Support Services

Overall Impressions

Source: Donald Goldberg, Patricia Niehl, Theresa Metropoulos, "Parent Checklist - Placement of a Hearing-Impaired Child in the Classroom", 1989, The Volta Review, Alexander Graham Bell Association for the Deaf, 3417 Volta Place NW, Washington, DC, 20007, pp. 329-332.

APPENDIX F

RECOMMENDATIONS OF THE TASK FORCE

RECOMMENDATIONS
OF THE
NATIONAL TASK FORCE
ON THE INTEGRATION OF HEARING-IMPAIRED STUDENTS

1) Convene another meeting of the task force to discuss the report. This meeting should be in Washington, D.C., so that task force members can meet with OSERS personnel.

2) Disseminate copies of the report.

3) Convene regional meetings with parents, professionals, students, others to discuss how the recommendations could be/are being implemented in rural and urban areas.

4) Since there is great disparity in the amount of money local and state education agencies have available to implement the modifications suggested in the report, we suggest that state parent/professional workgroups be appointed to design and evaluate local and state integrated programs for hearing-impaired students.

5) Many of the parents and hearing-impaired adults we interviewed reported high reading levels. Since low reading levels have long been a problem with hearing-impaired individuals, we suggest that additional research be conducted/reported on the reading level/literacy of hearing-impaired students educated in integrated (public school) and segregated (residential, self-contained) programs to determine if there is any correlation between the placement and literacy skills.

6) This report was written to stimulate thought and discussion. To that end, we suggest that presentations be made at conferences for parents and/or professionals working with hearing-impaired students and hearing-impaired adults to discuss the issues raised in the report.

7) The staff were privileged to meet and communicate with many successful young adults who are hearing-impaired. Disability organizations throughout the country should be encouraged to utilize individuals such as these for speakers bureaus, conference presentations, etc.

8) Conferences/workshops presented by national organizations serving the hearing-impaired and their families should include a strand by and for hearing-impaired students/young adults.

9) There should be greater availability of captioned films for educational material and entertainment.

10) There must be better mechanisms to provide information and support to parents who are making the choice of communication method for their young children.

11) As more students are being served in the regular public school system, there needs to be discussion with schools for the deaf to determine how to utilize their personnel, facilities and knowledge to provide better support services for students/personnel in the public system.

12) Schools for the deaf should look at ways to "reverse integrate" hearing students into their programs.

13) Public and private agencies need to develop better mechanisms for identifying hearing-impaired children as close to birth or onset of hearing loss as possible.

14) Information about technology for the hearing-impaired should be widely disseminated to parents, professionals, students (in schools and colleges), medical personnel, etc.

15) The Joint Committee on Infant Hearing should be reinstated. Parents and school (Child Find) personnel should be included on the committee.

16) There should be a network of state/regional information centers to assist with the provision and dissemination of information and staff development.

17) In order to ensure community integration, sign language should be approved as a second language (for credit) in all schools and institutions of higher education.

18) States must become more assertive in identifying and providing early intervention services to hearing-impaired youngsters.

19) All new educational facilities should be designed to provide the optimum acoustical environment for hearing-impaired students.

20) More educational and public awareness material needs to be made available at a lower reading level.

21) Technology and assistive devices should be available to anyone needing this type of equipment. All states should look at legislation establishing a "technology bank" where equipment would be available to hearing-impaired individuals for their personal use (to enable them to live more independently in the community).

Vocational Rehabilitation needs to provide better information to their clients about the technological equipment available today, and to provide needed equipment in a more timely fashion.

22) The families interviewed by the task force were very involved in their children's education. More needs to be done by local school district personnel to encourage and support strong parental involvement.

23) Institutes of higher education need to do a much better job of preparing teachers and related service personnel to work with students with disabilities, especially those with hearing impairments. Families, hearing-impaired adults and professionals need to work with colleges/universities to develop more appropriate curricula for the teachers and other professionals enrolled in their programs.

24) More and better in-service training needs to be made available for regular educators working with hearing-impaired students.

25) Convene a task force to review and recommend national standards for the certification and training of educational interpreters.